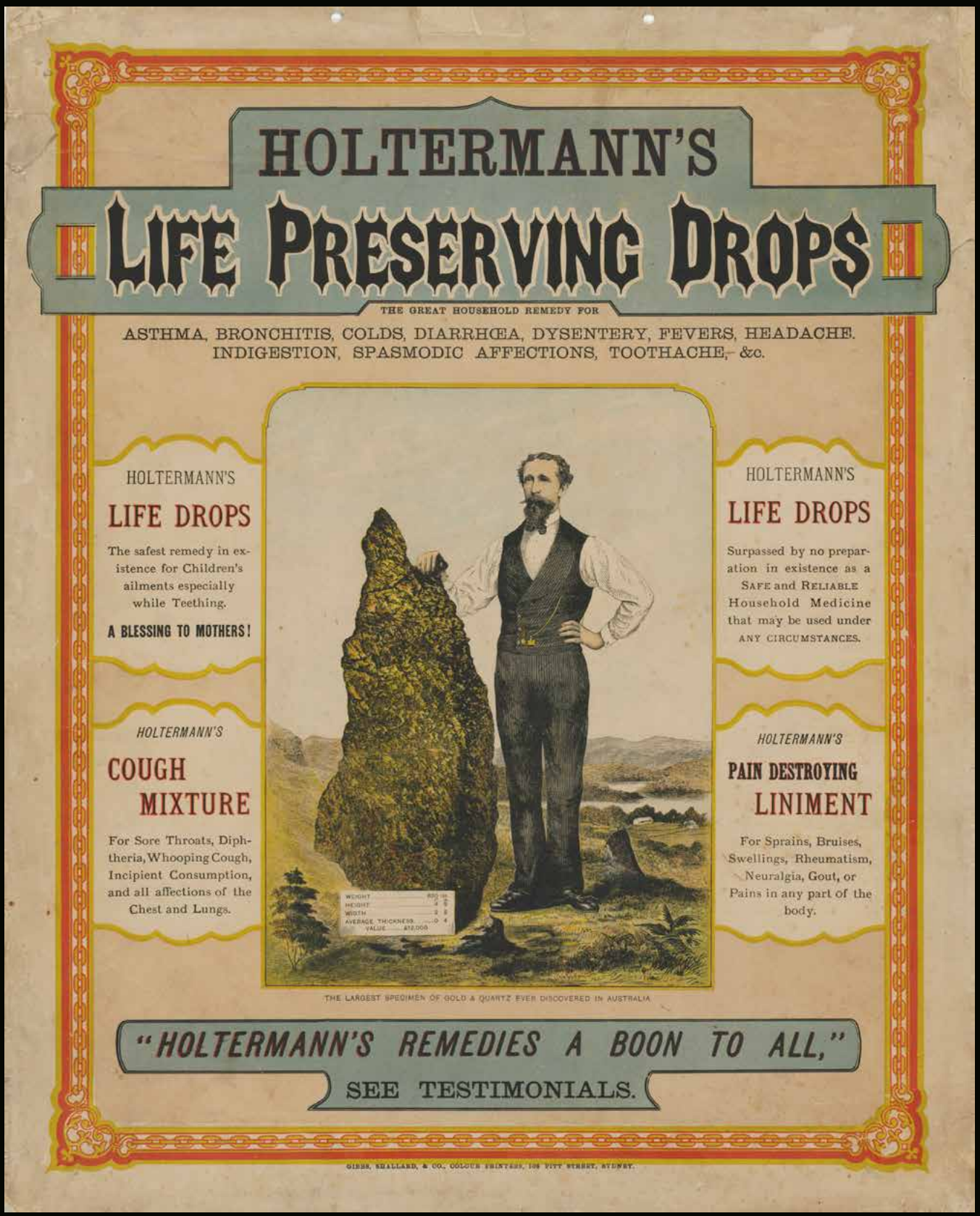
NorDocs

The quarterly magazine of the Northern Rivers Doctors Network



NorDocs

The quarterly magazine of the Northern Rivers Doctors Network

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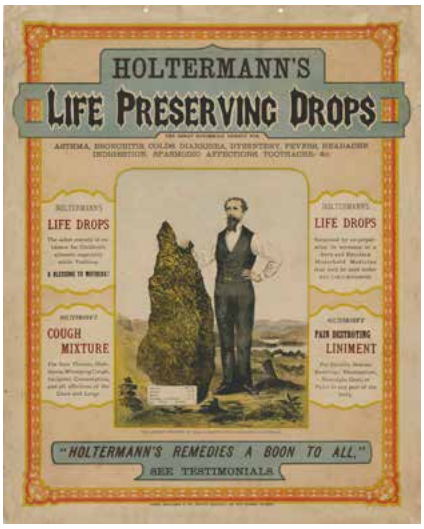

On our cover:

This fantastical advertisement for Holtermann's Life Preserving Drops dates to around 1880 and is part of the free exhibition *Kill or Cure? A Taste of Medicine* that runs at the State Library of NSW in Sydney until 22 January 2023.

Wonderfully curated by Elise Edmonds, the exhibition features a range of medical memorabilia, from the Macquarie family travelling medicine chest, dating from 1820, to a variety of posters and book illustrations. Doctors, as we now know them, are rarely depicted. The exhibition is highly recommended for anyone visiting Sydney in the coming months.

Our thanks go to the State Library of NSW for providing the image on the cover and the photos in the story on page 23.

We wish to acknowledge the traditional owners of country throughout Australia, including the lands on which we live and work, and their continuing connection to land, sea and community. We pay respect to them and their cultures, and to the Elders, past, present and emerging.

Editorial - 'All change'

David Guest - Clinical Editor

"The Queen is Dead.

God Save the King."

As the end of 2022 approaches Australia is emerging from nearly three years of COVID-19 pandemic, a period which placed the healthcare profession generally under significant siege. Long hours with few breaks for holidays in an environment severely constrained by the medical regulations of COVID-19 containment affected both patients and **doctors well being** and the impacts are still being felt.

The long years of partial indexation of GP rebates and increased expectations from patients and governments is starting to bite. Many older GPs say they have had enough and are going to retire in the near future, while **new graduates are no longer attracted to general practice**, believing the demands and expectations are unsustainable and the specialty has been generally devalued and deskilled.

The GP drought will hit hardest in rural and regional areas. The chief executive of the NSW Rural Doctors Network, Richard Colbran has said that, "For every general practitioner that leaves the workforce there will need to be three to replace them to keep up with demand. After COVID-19, floods and bushfires, GPs have never felt a time when the system is in such a perilous state. They are exhausted."

The Australian government has a fiduciary duty to the nation. It aims to deliver the highest quality and number of medical services at the lowest price. All political parties espouse this principle. For nearly 40 years the government has progressively reduced the proportion of fee for service it will reimburse.

In response to the changes in supply and demand for medical services the environment has evolved over time and the journey from private billing to bulk billing and back again has been succinctly summarised by **Dr Tibor Konkoly in his personal journey**.

The scope of general practice has also changed over time. GPs are rarely seen in hospitals now. The days of the obstetric or anaesthetic GP are long gone. The increasing numbers of specialists has seen routine management for many conditions move from primary to secondary care.

Skin cancer, women's health, men's health, mental health, telehealth and tele-mental-health have arisen from the evolving medical, technical and administrative reforms. These days you can even get a **medical certificate for your 'sickie'** 'without even bothering to get out of bed'.

Pharmacy also has evolved over the years in response to the same pressures of cost, convenience and speed. The corporate model has boomed in recent years, sometimes at the cost of the pharmacist/doctor relationship. In seeking to "optimise efficiency" the Pharmacy Guild has argued for a **greater independent role for pharmacists**.

The **North Queensland Community Pharmacy Scope of Practice Pilot** is due to start shortly. It follows on from the **Urinary Tract Infection Pharmacy Pilot** (UTIPP-Q) which has been deemed a success by the Queensland Health Minister, Yvette D'Ath and is soon to be extended throughout the state. The pilot aims to replicate a **similar program from Alberta**, Canada.

The trial will allow accredited pharmacists the right to prescribe for up to **23 simple or chronic conditions** including "reflux, acute nausea, oral health screening, allergies, hay fever, asthma, hypertension, type 2 diabetes, and oral contraception". According to independent research commissioned by The Pharmacy Guild of Australia, Queensland Branch, and carried out by research firm Insightfully, **patient satisfaction** is said to be high, particularly with the one-stop-shop approach, where medication can be dispensed at the same time as the consultation.

General practitioners are **not convinced** of the wisdom of this approach. They note the conflict of interest that arises from both prescribing and dispensing and which they are prohibited from providing. Others have also raised the **medicolegal risk** of prescribing, particularly in an environment where comprehensive record keeping is not the norm.

There is also concern that "simple conditions" are not always as simple as they first appear and may signify more serious problems, particularly in older patients and those with chronic disease. The pharmacy-only model and associated loss of continuity of care in these patients may prove detrimental in the long term.

The RACGP and the AMA are also concerned about the influence of the Pharmacy Guild on government decision making at the State level. The **AMAQ has complained** to the **Coaldrake Review** into Queensland's public sector culture and accountability about the Guild's undue influence through political donations and the use of paid lobbyists.

The slanging match between doctors and pharmacists has continued most of the year with medical insurers, **AMSes** and even **health economist, Dr Stephen Duckett** siding with the doctors, and the Queensland and Federal Health Departments with the pharmacists.

The tension came to a head in March when the newly elected President of the RACGP, **Dr Nicole Higgins**, and the other GP member, Dr Toni Weller, resigned from the Board of the North Queensland PHN. The secrecy and delay in releasing the **UTIPP-Q** report, along with potential conflicts for other Board members, led to resignations.

Dr Higgins revealed the other PHN members at the time included four local hospital and health services and the pharmacy owner's lobby group, the Pharmacy Guild of Australia's Queensland branch. An application by the RACGP to join the NQPHN had, despite repeated requests, stalled for 18 months.

Dr Higgins said the PHN was failing to support GPs even though they represented the biggest group of primary care providers in the region and more than 200 GPs had come together to form the North Queensland Doctors Guild in protest over the expanded pharmacy prescribing

Editorial - 'All change'

scheme.

As the new Labor government mulls over its **future plans for general practice** the architect of the long standing mental health initiative, the **Better Access program,** Ian Hickie **has argued** that the investment in the program via general practice has not paid off. He holds that the current program is provider, not patient, oriented and that communication between treating clinicians is poor. He also holds that there is inadequate review of the patient's progress and as such outcomes cannot be measured. Prof Hickie states that the management of Australia's mental health system would be better organised if run by multi-disciplinary teams in institutional settings underpinned by using modern artificial intelligence and communication technologies.

The **profession has hit back** stating that claims for mental health item numbers do not reflect the amount or value that GPs provide to their patient's mental health. They argue that the long standing doctor/patient relationship is superior to a team-based model for the majority of common mental health issues. The GP is best placed to manage the complex interplay between physical, psychological and environmental factors that affect patients' wellbeing.

If the conditions treated by general practitioners are to be reduced across a number of domains due to cost and outcomes measures it will be hard to see a role for them in the future. If patients and domain specific practitioners can manage the complex health and medical problems that arise in modern life the general practitioner will be redundant.

Australian medical practice may come to look more like American style medicine but with an increased role for governmental monitoring and cost containment. That is an interesting proposition… 'interesting' in the sense of the Confucian curse of "May we live in interesting times".

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On the Northern Rivers we are starting to see recovery from the devastating floods of March 2022. The recovery is patchy for businesses and householders in the worst affected areas, with many operations closing forever and others still only functioning at a fraction of their former levels. It has been a long and challenging eight months on the North Coast and the future for the area is still unclear, as Robin Osborne reports (page 8).

Dr Stephen Moore and Dr Mark Noble have closed their practices due to the flooding inundating their rooms. For other doctors also at the end of their careers but not directly affected it is an appropriate time to retire from practice. Dr Binns reflects on his time on the North Coast as a general practitioner on page 5 and on page 6 we acknowledge the huge impact he has had on both the general and health communities of the North Coast.

Encouragingly, the recent NORPA production of "Love for One Night", staged outdoors at the Eltham pub, has been well received (page 16) and received national press coverage. The play (although the term hardly does it justice) addresses the transient nature of loss, both material and relationship-wise, through a series of loosely connected vignettes. Where there is life, there is hope and life is certainly reblooming again in the local arts scene.

During the pandemic local resident Barry Morris overcame the vicissitudes of both isolation and his own physical limitations to produce in his late eighties a YouTube video (page 18). Barry's positive approach to life is an example to us all, as we note in the article. "Nobody's going to keep him down"; nobody, that is, except for old man time. Barry passed away in August and will be missed by all who knew him.

This bumper issue is the last in the current series of our NorDocs magazine. The end of the pandemic and the return of face-to-face meetings gives the NorDocs Board the option to refocus the organisation on directly improving communications between colleagues both, within the medical profession and with the health community more generally.

I would like to thank the other members of the Editorial Committee for the tremendous input over these last ten years. Robin Osborne has been the driving force behind the production of the magazine and his journalistic and editorial skills have made "NorMag" a professional journal, addressing the needs and concerns of the North Coast community.

Graphics and web designer Angela Bettess, a retired medico herself, has been similarly instrumental in the magazine's production. Her talents, combined with an intimate knowledge of the medical scene, have allowed us to reach a large audience far beyond those who receive the hard copy.

Dr Andrew Binns started the magazine's predecessor GP*Speak* nearly 30 years ago. It is through his knowledge and extensive networks that the magazine has been able to address many of the health, social and environmental issues that contribute to our community's health. We wish him well in his retirement from medical practice but will not be surprised to see him remain active in the community.

Without the valued support of our advertisers, including medical specialists and hospitals in the Northern Rivers and SE Queensland, the magazine would not have been able to continue all these years. Maintaining a 'cost neutral' journal is a significant challenge in this current era of publishing, and we are proud to have been able to keep our head above water while producing a publication that has delivered a great diversity of articles, from the clinically targeted through to coverage of national issues such as Royal Commissions and inquiries on health related matters.

Finally, we thank our readership for your wonderful support over the last ten years. The magazine had a strong GP focus in its early life but under the NorDocs banner in the last four years we have broadened our gaze to address some of the issues affecting the secondary health sector.

In advance of the fast approaching Summer holiday season and the New Year of 2023, we extend our best wishes to all our readers, not least to regional healthcare providers, and wish you happiness, good health and professional satisfaction in your ongoing commitment to improving the health of our wonderful North Coast community.

- David Guest

Retirement reflections

by Andrew Binns

I arrived in Lismore in 1979 and my aim was to get a job as a GP. I had already tried to get work in Pt Lincoln a major fishing town on Eyre Peninsular where an uncle lived. After a flight there with partner Jeni Binns we returned having not secured a job – no vacancies.

I then drove to Lismore and again stayed with another uncle at Teven and tried to get work in this region. The same problem arose in that trying to get work as a GP in Alstonville or Lismore was met with the same response ie no vacancies.

I then drove around outer Goonellabah and found a space in a new commercial building to set up a practice. That is, I squatted in a newly set up practice with a pressure cooker to sterilise instruments (later to be replaced with an early autoclave machine suitable for general practice).

Everything was leased including the carpets, curtains, and partitions. The total cost came to about $10,000 which was a lot in those days.

Now 42 years later I will retire with some guilt concerning the GP workforce shortage I leave. This is basically the opposite workforce problem from that on my arrival with no vacancies. I am told I shouldn't feel guilty and that I have done enough.

In 1997 three cottage GP practices amalgamated to make up the new Goonellabah Medical Centre on Ballina Road with Dr David Guest and Dr Susanne Dymock's practice joining forces with the late Dr Graham Ellis and myself. We shared resources.

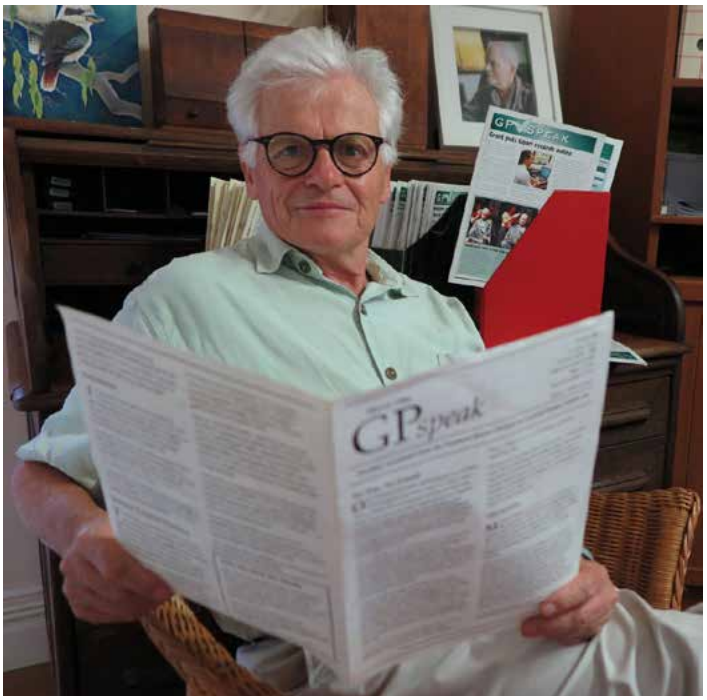
I also did some GP anaesthetics, obstetrics, and palliative care as Medical Director of Palliative Care at St Vincent's Hospital. My other clinical interest has been Aboriginal Health and I arrived in the same year that the Namatjira Haven opened and was asked to provide a GP service to that facility.

To reflect on why I have been passionate in this field of general practice I suspect it may have been some influence from my father, a GP then psychiatrist post WW2. However, he never mentioned the war (common at the time) or his work as a GP in Aboriginal health in the NT during the latter part of the war.

He did end up a POW from the North African campaign and after release on an Italian prisoner of war exchange program was sent to Darwin and then Katherine and worked in Aboriginal Health. He wrote a paper in the MJA in 1945 – **see record on website**.

Overall, practising in Goonellabah has been a rewarding experience with no major regrets but I do acknowledge the significant challenges of the recent Covid pandemic and flooding which have affected us all in many ways both personally and professionally.

And what will I do in retirement? In addition to family matters I would like to do some writing which will include the history of NORPA, psychiatry and some aspects of WW2 which I have knowledge of including from a health perspective.



Brett Whiteley Opera photo
From left: Composer of this Opera, Elena Kats-Chernin, Andrew Binns, Jeni Binns, Lyndon Terracini and Swiss Soprano Noemi Nadelmann

Action on the set of 'Cars that Ate Paris' against the Lismore City Hall facade.

Andrew Binns - a life in service

by David Guest

Andrew Frederick Binns was born and raised in Adelaide. He is the youngest of four children to Margaret Dickson and psychiatrist Dr Raymond Binns.

He attended Prince Alfred College, a boy's school in Adelaide. Even as a teenager, he was a mover and shaker, and argued for ballet to be introduced as a school sport. In this he was successful and his sister staged the choreography. The star of the show **John Tilbrook** went on to prominence in that other "aerial ballet", first with **Sturt** in the SANFL before transferring to the **Demons** in the VFL in 1971.

Andrew received a BSc at the University of Adelaide before completing his medical degree at the University of NSW. His early post graduate years were spent at Royal Adelaide Hospital and Adelaide Children's Hospital. In 1976 together with his new wife, Jeni, he took the dangerous but fascinating overland route to the UK via Nepal, Afghanistan and the Middle East. It was a cultural experience in both a social and gastroenterological sense.

In England he was a senior house officer in anaesthetics and obstetrics at Upton Hospital, Slough and City Hospital, Nottingham obtaining his diploma in both these fields. He returned to Australia in 1979 settling on the Northern Rivers.

Unlike today, starting in general practice in country towns was difficult in the late 70s. Andrew squatted in the newly formed suburb of Goonellabah on the outskirts of Lismore. With no money, a wife and young son, Dougal, getting a loan from the local bank seemed near impossible. This changed quickly, however, when he responded positively to the question of whether he knew anyone here and he mentioned Frank Wagner, a stalwart of the North Coast medical community for many years. To this day Andrew is grateful to Frank for this unwitting underwriting of his start in practice.

It is hard to summarise the contributions Andrew has made to the North Coast over the last 40 years. The briefest attempt would be to say that if something needed doing he would do it or help get it organised.

Jeni and Andrew Binns September 1972

Gasworks working bee
From left: Bob Peterson, Lyndon Terracini, Phil Steele, Andrew Binns, Bill Sheaffe and Paul Laird.

Along with Jenny Ulyatt and John Corcoran, he was instrumental in setting up the Summerland Early Intervention program for disabled children and was its inaugural chair in 1986.

In the 1990s he became the first director of the Palliative Care Unit at St Vincent's Hospital, Lismore, when asked by Sister Jenny McFarlane. The service was mentored by Professor Narelle Lickiss, Palliative Care Specialist from The Royal Prince Alfred Hospital In Sydney. In 1997 he handed over the leadership of the unit to palliative care unit, Dr Joanne Doran. The unit under her leadership became a model for end-of-life care for rural Australia.

In 1991 Andrew was an investor in and Board member of the **Northern Rivers Echo**, an independent newspaper based in Lismore. The Echo gave voice to the local community and strongly promoted the Northern Rivers region until it was sold to Australian Provincial Newspapers in December, 2008.

The Northern Rivers Division of General Practice, a predecessor to NorDocs, formed in 1993. Dr Hilton Koppe was the inaugural chairman and Andrew became the editor of GPSpeak, the organisation's official newsletter. Over the years the magazine grew in size and sophistication under editor Katherine Breen-Kurucsev and after her death this role was taken on by actor and journalist, **Aaron Bertram**, who gave the magazine its professional look.

Following the introduction of the Labor government's Medicare Locals in the early 2010s Andrew continued his efforts in publishing with Janet Grist in that organisation's official journal, **HealthSpeak**. The magazine was published from 2012 to 2019 when it was closed by the successor to the North Coast Medicare Local, the North Coast Primary Health Network.

Andrew was active in Rotary in the 80s and 90s and was president of the Goonellabah Rotary Club in 1984. Following this Andrew became active in several organisations outside of the medical sphere.

NORPA, Northern Rivers Performing Arts Inc, has showcased the talents of our local community from its early days in the

1990s to the present (See review on page 16). In 1995 **The Cars that Ate Paris** under the direction of **Lyndon Terracini,** now Opera Australia's artistic director, was a tour de force. As Andrew noted in an interview in 2010, "Opening the doors to local performers is what NORPA is about. You have to marvel at the amount of talent we have in our region and what it does for their wellbeing, having the chance to participate." Andrew was a Board member of NORPA for many years and its chair from 2017 to 2020.

In the arts Andrew was chairman of the Gasworks Arts Centre in Lismore from 1988 to 1992. The centre was the predecessor to NORPA based at Lismore City Hall. Despite the physical work of Drs Binns, Laird and Steele (image opposite page) contamination issues from its time as a functioning facility meant the site was unsuitable for an arts centre.

In addressing population health issues Andrew teamed up with Professor Garry Egger in the 1980s to promote the men's weight loss program, Gutbusters. The program was subsequently sold to Weight Watchers and followed by a similar program under Egger's guidance, **Professor Trim**.

Andrew is co-author with Egger in the **Experts Weight Loss Guide** (2001) and with Egger and Professor **Stephan Rössner**, **Lifestyle Medicine** in 2008. In 2015 Andrew became the inaugural patron of **Australian Society of Lifestyle Medicine** that aims to "improve prevention, management, and treatment of chronic, complex, and lifestyle-related conditions; 'Lifestyle-related' includes environmental, societal, behavioural and other factors."

Andrew has spent his life working towards a better and fairer society. On the 12th May 1979 **Namatjira Haven** in Alstonville opened. Local Aboriginal elders, Frank and Fletcher Roberts had worked for years to establish a centre to address the devastating impact alcohol was having on Aboriginal communities. Andrew became the first medical officer for Namatjira Haven in that same year.

Andrew has subsequently gone on to become a medical officer at **Gurgun Bulahnggelah** Aboriginal Health – now known as Jullums - the Lismore Aboriginal Medical Service. When the service's viability was threatened in 2012 he successfully re-established its financial footing with the help of Chris Crawford, then CEO of the North Coast Area Health Service.

Staff and supporters of Jullums Lismore's AMS
(Note: photo does contain pictures of Aboriginal people who have died)

Andrew has also worked in custodial health. He has been the medical officer to **Balund-a**, a residential diversionary program for male offenders over 18 years of age located on the Clarence River near Tabulam. The program aims to reduce re-offending by enhancing skills in a supportive community environment.

The Aboriginal name, Bugilmah Burube Wullinje Balund-a roughly translates as "Be good now you have a second chance down by the river". Andrew has continued to advocate for proper medical and social care for the inmates there. A "tough on crime" approach may play well at the polls but may worsen the problem. On page 33 he argues strongly for a more rational approach for these inmates.

Andrew has helped train the next generation of doctors. He was an Adjunct Professor, Health and Applied Sciences at Southern Cross University, Clinical Senior Lecturer, Graduate School of Medicine, University of Wollongong and an accredited GP supervisor, first with North Coast GP Training and then GPSynergy. He has championed the "parallel consulting" model that will better prepare the next generation of doctors for clinical work.

Andrew started out in solo practice in 1979. Recognising the future of general practice was for larger practices, he, along with his partner, the late Dr Graham Ellis, enlisted the Dymock practice of sisters Drs Suzanne and Fiona Dymock and Dr Ruth Tinker, and myself, to amalgamate to form the Goonellabah Medical Centre (GMC). The Centre opened in March 1997 and has trained dozens of registrars and medical students over that time. Over 20 medical practitioners have made the GMC their "medical home" in those years.

The ethos of the medical centre is expressed in the **quadruple aim** of the Institute for Healthcare Improvement. A "plain English" statement of the aims might be to "make the patient better, make the system better, don't break the bank and have fun". They are worthy goals and I personally thank Andrew for our attempts at the GMC to achieve them.

Raconteur, entrepreneur and author **Professor Scott Galloway** has said "greatness is found in the agency of others". People from diverse backgrounds, with differing skills and life experiences but with a common goal can come together to achieve great things. Not everything works as planned or hoped but much does.

Andrew Binns, through his encouragement, support and constant effort, has allowed many to achieve their full potential. We thank him for enriching our lives and that of our community and wish him well in his retirement.

Reporting season delivers flood of words about Lismore's fate

NSW Premier promises to 'rebuild and retrain' communities for a safer future.

by Robin Osborne

In the corporate world the month of August is known as "reporting season", the time when companies announce the results of their previous financial year's trading. August 2022 has earned a special claim to the title through the release of several high-level government reports on diverse matters.

One, reported elsewhere in this magazine, was the report of the Royal Commission into Defence and Veteran Suicide.

Another, of particular interest to residents of the Northern Rivers, is the report of the NSW Parliament's Legislative Council (LegCo) Select Committee on The Response to Major Flooding Across New South Wales In 2022.

The third is the much awaited Independent Flood Inquiry 2022 led by NSW Chief Scientist and engineer Mary O'Kane and former police commissioner Mick Fuller, a considerably more weighty document than its 200-page predecessor and one that bears the authority of the NSW Government.

Released on 17 August, this was the flood report everyone was waiting for, the one likely to have the most impact on the way future floods might be prepared for and handled, and what might happen to flood damaged Lismore and surrounds.

The Perrottet government, still reeling from the Barilaro scandal, had resisted pressure for an early release but on 17 August it launched the document and accepted six recommendations in full and the other 22 in principle.

The third report, which intersected with the LegCo inquiry in an unexpected way, is titled Leading for Change - Independent Review of Bullying, Sexual Harassment and Sexual Misconduct in NSW Parliamentary Workplaces 2022, short-handed as the 'Broderick report', after its author. It can be read in its disturbing entirety **here.**

Both flood reports focus mostly on the North Coast but also take in the flooding that hammered Western Sydney.

The LegCo report's introduction noted, 'Major flooding in NSW in February-March 2022 was a catastrophic disaster, causing widespread devastation and damage – particularly in the Northern Rivers and Hawkesbury regions. Tragically, lives were lost, thousands of homes were damaged or destroyed, and significant local infrastructure was damaged.'

The Committee of MPs' terms of reference included the effectiveness of preparations for such events by government and the responses to the crises; the performance of Resilience NSW, the NSW SES and other relevant agencies; inter-governmental and private sector/community coordination; public communications; the implementation of recommendations from inquiries into previous natural disasters; and the overall effectiveness of the flood response.

Its Chair, long-serving Labor MLC Walt Secord, said the committee found Resilience NSW and the NSW SES had 'failed to provide leadership and effective coordination in the community's greatest time of need' and the State Government had 'failed to implement a streamlined grants process... [which] meant that applicants were repeatedly interviewed, and had to re-live their experiences, leading to further frustration and trauma as part of the support process.'

At the time he released the report Mr Secord's shadow ministries included the North Coast, but not for long. In the wake of the Broderick report, he would step aside from the shadow ministry after being described in one submission as a "vicious manipulative bully who particularly targeted junior staff and young women".

"At various times he used his position, his size, his voice and his presence to pressure, berate, intimidate and humiliate staff to get his own way," the submission read.

> *Floodplains are assets... productive as sporting and recreational activities, garden plots and community gardens...*

Yet the flood report survives its Chair, with 'failed' being a common criticism amongst its 21 findings, although 'let down' also gets a good run.

These sentiments are echoed in the 37 recommendations, key to which are a revamp of emergency agencies, better flood modelling, improved public communications, overhauling the grants process and, of local relevance, the reimbursing of Xavier Catholic College and other community groups and organisations that operated evacuation centres.

Well down the list but in words that captured media attention is Recommendation 26, urging the NSW Government to 'consider investing in supporting relocations, land swaps and providing fair and adequate compensation for landowners who wish to relocate from severely flood-impacted areas.'

Around 11,000 homes are believed to have been damaged in the Northern Rivers in the February-March floods, and more than 4000 are deemed uninhabitable, mostly in Lismore. The Lismore City Local Flood Plan notes that only 60 per cent of houses in the flood-prone areas are raised above the one-in-100-year flood level, which was over-topped by more than two metres in the 2022 event.

Next came the big reveal of the 'Fuller-O'Kane report', brought forward from 30 September 2022 according to its authors, because, 'The need for urgent action has come into even sharper focus in light of the further flood events experienced across eastern NSW earlier this month.'

On the day of its release the media was reporting predictions of an exceptionally wet La Nina spring and summer on the Australian east coast. Should this occur it seems unlikely that many of the Inquiry's 28 recommendations will have been implemented.

These recommendations, arising from key findings, are 'intended to provide practical, proactive and sustained mechanisms to ensure readiness for and resilience to flood (and by extension, other disasters)'.

They include –

- Climate and weather research


Photo David Lowe – Cloudcatcher Media

• Appointment of a full time State Emergency Management Operations Coordinator (SEOCON) as a fifth Deputy Commissioner of Police

• Improved flood rescue capability

• The much criticised (in both reports) Resilience NSW being reshaped to 'Recovery NSW'

• The development of a 'Community First Responders Program', and the creation of a high-level Government standing committee, Task Force 'Hawk'

• The back-office merger of SES and RFS

• Disaster education courses in schools and rescue training for community members

• A longitudinal study on the effect of consecutive disasters on community mental health

• The establishing of a permanent state-wide agency, the NSW Reconstruction Authority (NSWRA) dedicated to disaster recovery, reconstruction and preparedness. This body will be charged with managing expressions of interest for a buy back and land swap scheme, commencing the end of August.

• An online visualisation tool to display, for all land parcels (land titles) in NSW, the extent of known disasters that have affected each piece of land in NSW in the past.

• Starting a process of revising all flood planning level calculations in the state's high-risk catchments

• Building a disaster adaptation plan for each city and town, with planning instruments discouraging (and in many cases forbidding) development in disaster-likely areas

• Treat floodplains as assets, specialising in uses that are productive and minimise risk to life during major weather events. Such uses would include sporting and recreational activities, garden plots and community gardens, agriculture and forestry, renewable energy production, biodiversity offsets, parks and outdoor education activities. (Land below the flood planning level would be returned to Government ownership.)

As with the LegCo report, well down the list (Recommendations 22-24) come the options for Lismore's current and future homes.

Headed "Relocating communities most at risk with good homes and amenities", #22 urges that to 'empower vulnerable people and communities to relocate, Government should –

• identify and prioritise those communities most at risk from future disasters, and for whom relocation may be appropriate or necessary

• leverage the work done through Government's homes, cities, manufacturing and skills policies, to collaborate and work with these communities in examining, designing, building and installing affordable, attractive and insurable housing options (e.g. locally fabricated high quality modular homes, or utilising local builders to retrofit and/or relocate existing homes to safer ground) and to enable small housing developments with capacity to grow organically over time

• utilise best-practice policy for rapid urbanism and community-building to establish new settlements.

New settlements should 'reflect the aspirations and vernacular of the local community, whilst meeting the technical needs of establishing settlements and delivering infrastructure at low cost.'

This process should also 'consider the role of locally manufactured, well-designed and regulated modular housing solutions — promoting a sense of community by ensuring appropriate amenity (e.g. schools, shops, and services) is available to relocating people and communities at the time of moving to their new settlements — working with the financial and philanthropic sectors to investigate a special purpose fund to provide continuing support for these communities as they transit through re-establishment.'

Housing, or the lack of it because of flood damage, is key:

'There are still some 1300 in emergency housing across the Northern Rivers, more than four months after the floods. This is driving more demand for social, affordable and market rental housing and has worsened homelessness. Urgent action is

continued on P10

No rural health Ombudsman but a new panel and 10,000 more staff

The NSW Government has finalised its **response** to the parliamentary Upper House's Rural Health Inquiry (reported in **NorDocs Winter 2022**), confirming its support for 41 of the 44 recommendations but declining to support a request to strengthen the Health Administration Ombudsman amidst massive, publicised failings in the system.

Saying the Perrottet government is on track to address identified shortages, the Minister for Regional Health Bronnie Taylor said it recognises the findings of the Inquiry and is taking meaningful action to provide safe and high quality health care services in the bush.

'It is my absolute priority to ensure that, no matter where you live in our state, you have access to the health services that you need and deserve," Mrs Taylor said.

'We know that almost all patients who pass through our rural and regional hospitals and health services have a positive outcome. A Bureau of Health Information survey of more than 6,000 patients who received emergency care from small, rural public hospitals found that 94 per cent rated their care as 'good' or 'very good'.'

Yet it was the standout lapses in care, some fatal and many highlighted in inquiries conducted by The Sydney Morning Herald, that prompted an in-depth look at the state's rural and regional health care, notably the failings of NSW hospitals. Some were on the North Coast.

'It was important to hear directly from those on the ground, including patients, their families, health staff and communities, about where we need to address issues in our health system and also build on the NSW Government's ongoing commitment to best practice healthcare and reform. That is what this Inquiry has achieved,' the minister said on 1 September.

Since the Inquiry commenced the NSW Government has committed significant funding to address the issues raised including:

• A $4.5 billion commitment to employ a record 10,148 full-time equivalent staff to be recruited to hospitals and health services across NSW over four years, with around 40% of this workforce being for regional areas

• An investment of $883 million over the next four years to attract and retain staff in rural and regional NSW by transforming the way health clinicians are incentivised to work in the bush.

• Doubled subsidies across the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) with a $149.5 million investment.

• An investment of $743 million funding boost over the next five years to enhance end-of-life care in NSW.

The NSW Government's response to the Inquiry coincided with the unveiling of a new Regional Health Ministerial Advisory Panel chaired by Richard Colbran, CEO of the NSW Rural Doctors Network. The panel will advise the Minister for Regional Health, the Secretary of NSW Health and the Coordinator-General of the Regional Health Division on opportunities and solutions to improve healthcare, hospital and support services in regional NSW.

One member of the panel is North Coast resident and former regional health board member Leone Crayden, another is the former chair of the Royal Australian College

of GPs rural panel, Ayman Shenouda.

The committee's report called on the government to establish an independent office of the Health Administration Ombudsman to review concerns about the administrative conduct of management made by doctors, patients, carers and the public.

The independent office would have examined decisions relating to alleged cover-ups of medical errors or deaths or inaccuracies. Such matters had been highlighted in the media and in the course of the inquiry.

'The advice from the [NSW] ombudsman is that that process already exists within there and it would be of no further benefit,' Mrs Taylor said, adding she had been advised that the creation of this independent office would duplicate what is already available: 'There is no way that people are being gagged,'

The NSW government has agreed to urgently engage with the federal government to address issues surrounding the doctor workforce, another ongoing focus of media and industry attention.

Reporting season delivers flood of words about Lismore's fate

continued from P9

needed to provide fit for purpose, resilient homes for the displaced or those who continue to reside on high-risk floodplains. This includes homes for Indigenous peoples which are respectful of culture and kinship'.

While figures are attached to damages - the Insurance Council of Australia calls the February-March flood events in NSW and south-east Queensland the costliest flood in Australian history, with claims totalling $5.1 billion in insured damages – no firm prices are put on buying people out or relocating them.

It must be hoped that the weather will hold and the Northern Rivers will not face further deluges over the coming months. Otherwise, even more inquiries are likely to be needed, with a key question being why couldn't the recommendations of these reports be implemented sooner?

Flooded Lismore a finalist in Wynne Prize

by Robin Osborne

Lismore flood 2022 - watercolour pigment with acrylic binder on canvas

Well-known artist Geoff Harvey looked no further than the flooded city of Lismore as inspiration for his entry to this year's prestigious Wynne Prize, awarded to the best landscape painting of Australian scenery, or figure sculpture.

The dramatic work made the final cut – 34 selected from 601 submissions - but in the end was not judged the winner.

Geoff said, 'I painted this image of the recent floods to help me come to terms with what had just happened to Lismore. My own house was washed away in the surging floodwaters and completely destroyed. Fortunately, no one was hurt as it was vacant at the time.

'Doing this painting has been a cathartic experience. My heart goes out to all the thousands of people affected by these unprecedented floods throughout Australia, and the hardship they are enduring because of this global warming disaster.'

The work, watercolour pigment with acrylic binder on canvas, measures 90.2 cm x 145.2 cm.

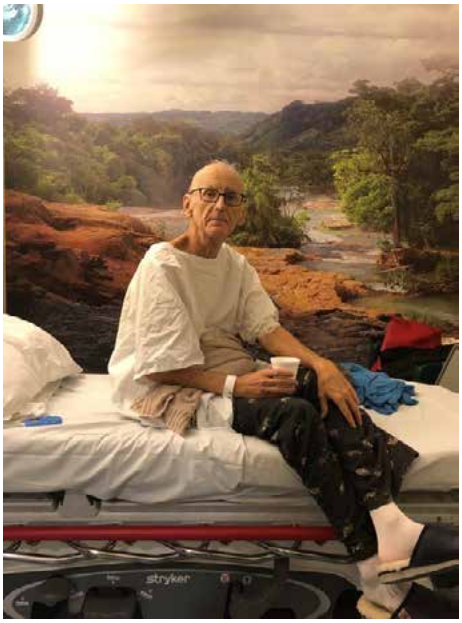
As an artist, I enjoy experimenting with different styles,' Geoff added, 'one of which is found object sculpture. This came fairly naturally to me, because I come from a family of collectors, who find inspiration in discarded things.

'In 1985, I held my first exhibition of my found object Dog sculpture and I felt I had developed an artistic expression which was truly me.

'I later taught myself to work with steel and developed the oxy cut steel silhouette dog that I first exhibited in Sydney's annual Sculpture by the Sea at Bondi Beach. This style of sculpture was ideal for the coastal panoramas because it visually reads like strong line drawing in the landscape.

'I am very fond of all animals and I have sculpted a variety of them, but dogs are my favourite. Perhaps it's because there are so many shapes, sizes, temperaments and characteristics that I have become so obsessed by them.

'Or perhaps because I do not have a real dog I am creating surrogate best friends for myself...The dog symbolises unconditional love and companionship which are two characteristics I very much admire. And they are also a symbol of my happy childhood.'



Self-portrait taken by Geoff Harvey whilst undergoing cancer treatment in Sydney

Now Sydney based, Geoff has exhibited widely in Australia, including fifty solo shows. He has won numerous art prizes including 2012 Gallipoli Art Award. His work appears in collections in Australia and internationally, including Art Gallery of NSW, National Gallery of Australia and Parliament House and Lismore Regional Gallery.

Geoff Harvey's flood-ruined home in Lismore.

The Wynne Prize is an annual competition, judged by the trustees of the Art Gallery of NSW. It is an award for 'the best landscape painting of Australian scenery in oils or watercolours or for the best example of figure sculpture by Australian artists'.

Building resilience after natural disasters

A Southern Cross University led survey will seek the views of flood and landslide-affected Northern Rivers residents about the most effective response and recovery efforts.

The findings will inform the development of improved support systems and policy, with a particular focus on community-led recovery efforts.

The final report can also provide learnings to support increased community resilience and adaptive capacity in the face of natural disasters, according to Dr Hanabeth Luke, the project leader.

Southern Cross has partnered with formal and informal community hubs and recovery centres, including Wardell CORE, Resilient Lismore and the Woodburn Recovery Centre all of which have been an integral part of the response to the Northern Rivers flood events.

Dr Luke said, 'This survey was called for by the community, has been developed in partnership with our community hubs, and the results will be going back out to the community within a month of the survey closing.

'This survey can bring the voices of our flood and landslide-affected communities together in this recovery. The results will be used to guide the hubs and other supporting agencies to best target their efforts. The local knowledge gained from this survey can also guide planning and preparation for future extreme weather events in this region.'

Anyone affected by the 2022 heavy rain and flood events across the NSW Northern Rivers region is encouraged to complete the anonymous Northern Rivers Flood Recovery Survey.

It will take approximately 20 minutes to complete. Access the survey via **https://scuau.qualtrics.com/jfe/form/SV_b9j9V7NlVByNuce**.

For a paper-based survey call 1800 317 503 or visit a local community hub or recovery centre. The research team can be contacted on 1800 317 503 or **hanabeth.luke@scu.edu.au**

One Curious Doctor. A Memoir of Medicine, Migration and Mortality

Dr Hilton Koppe *reflects on his recently published memoir.*

One Curious Doctor is a collection of short pieces born out of my experiences working as a GP in the Northern Rivers since 1988. It also includes stories which have their roots in my personal journey as a migrant growing up in 1960s Sydney, as the descendent of grandparents forced to escape Europe to survive, and as the son of parents who died prematurely from conditions that modern medicine could not cure.

In 2019, these worlds collided. I was diagnosed with Post Traumatic Stress Disorder. I received this diagnosis both as a shock - *This can't be happening to me. I'm a doctor. Not a patient!* And as a gift - *Does this mean I actually get to rest now?*

As the fallout from the trauma of the diagnosis began to settle, I tried to work out how I ended up in this position.

Was the PTSD a consequence of vicarious trauma from working as a GP for over 30 years? Did it come from my life-long feelings of being an outsider trying so hard to fit in? Or was it a result of trauma experienced by my parents and grandparents in their search for security across three continents?

Maybe it was all down to my personality type. My nature. Did the qualities which made me a trusted doctor also make me more vulnerable to the inevitable impact of caring for people over many years?

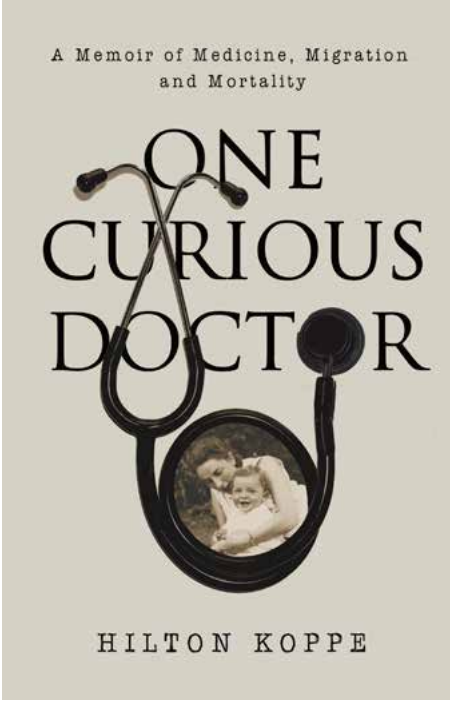
I do not yet have answers to these questions. But I am keen to share my ponderings with you.

My hope is that the stories in *One Curious Doctor* will resonate with those of you who may have had similar experiences.

This curious doctor has done his best without always getting things right. I ask you to care for these stories as a kind doctor might care for a new patient - with curiosity and compassion.

What readers say...

> *Hilton Koppe reflects on his life-journey, and some of life's most challenging questions, with great clarity, affection, intimacy, and uncompromising honesty. He takes you into his confidence, allows you into his life, the life of his ancestors, and into the consulting rooms of a country doctor's practice.*
>
> *- Arnold Zable, author of Cafe Scheherazade*
>
> *What happens when a physician can't simply heal himself? Does he still get to call himself doctor when he no longer sees patients? Hilton Koppe writes an honest, vulnerable, gorgeous memoir inviting the reader into his journey from illness to health, from his family's origins fleeing Lithuania and Germany during World War II to becoming a doctor in Australia.*
>
> *- Kim Suhr, author of Nothing to Lose, Director of Red Oak Writing*



> *One Curious Doctor offers the reader an exceptional experience of honesty, vulnerability, insight and transformation. Hilton Koppe, doctor turned patient, turned writer, takes us on his momentous journey of a life awakened by the practice of medicine and the necessity of giving it up. Hilton has listened deeply to the human heart, his patients' and his own.*
>
> *- Kelly DuMar, author of girl in tree bark*

Available at **https://www.hiltonkoppe.com/Shop.php**

Paul Archer, Counsellor for Adolescents

ADVERTORIAL

I have always had an affinity with adolescents, which is why I became a secondary school teacher and stayed committed to this work for 25 years. In 2013, I completed a Masters in Psychotherapy, greatly deepening my understanding of adolescence and my efficacy as a teacher.

I left teaching in 2020 and established a practice as a counsellor/psychotherapist for adolescents. I have always had a sense of empathy and understanding of the adolescent population, especially those who are often labelled in negative ways due to their behaviours. Adolescence is such a vulnerable time in life, one filled with so many possibilities, opportunities and pitfalls. I am here to help.

I have a thorough knowledge of adolescent development which embraces existential, neurological, biological, psychological and sociological perspectives.

The psychotherapeutic methodology I use is trauma informed and relational. The therapeutic alliance formed with the client supports the exploration of the clients lived experience and gradually enables new choices to be made. I am well equipped to work with challenging presentations and diagnosed conditions including depression, anxiety, trauma, dysfunctional relationships, identity issues, low self esteem, school avoidance, inability to self support/advocate and to support clients who are on medication for mental health concerns.

Adolescents, even those in their twenties, are still highly impacted by the figural adults in their lives. Evidence based best practice is to work with the context of an adolescent's life where possible. This is why I offer support options for parents and caregivers of adolescents.

One such option is a workshop for parents and caregivers titled, Strengthen Your Relationship - Strengthen their World. The workshop addresses adolescent development, methods to enrich the parental/caregiver relationship to their adolescent and methods for managing challenging behaviours.

The first Strengthen workshop I ran was so successful that some participants requested I form an ongoing support group, which now meets once every few months. I intend to run the Strengthen workshop quarterly.

In 2023 I will be offering professional development opportunities for secondary school teachers including: Trauma Informed Practice in the Secondary School Setting and Relational Approaches for Improving Learning and Life Outcomes of Adolescent Students.

I am based in the Lismore CBD. I do not offer rebates on my services. For more information please visit my **website** or E: **paul@beingwellcounselling.au**

Ph: 0437 671 400
Evolve Allied Healthcare
Suite 3, 15 Woodlark St, Lismore 2480

Paul Archer BA, GradDipEd, M.GestTherapy ACA (Australian Counsellors Association)

The Trolley Problem

by David Guest

The Three Laws of Robotics

- Handbook of Robotics, 56th Edition, 2058 A.D."

1. A robot may not injure a human being or, through inaction, allow a human being to come to harm.

2. A robot must obey the orders given it by human beings except where such orders would conflict with the First Law.

3. A robot must protect its own existence as long as such protection does not conflict with the First or Second Law.

The laws were first promulgated by science fiction writer Isaac Asimov in 1942 for his short story "**Runaround**" in which Robot SPD-13, "Speedy", becomes paralysed trying to resolve conflicts induced by trying to obey both the second and third laws.

In the spirit of binary computing Assimov later added an additional law. The Zeroth Law states, "A robot may not harm humanity, or, by inaction, allow humanity to come to harm". Following the structure of the other laws it is taken to be pre-eminent.

However, the addition of the zeroth law leads to unresolvable dilemmas as a robotic variant of the philosophical conundrum, "**The trolley problem**".

The initial description of the trolley problem is "The Switch".

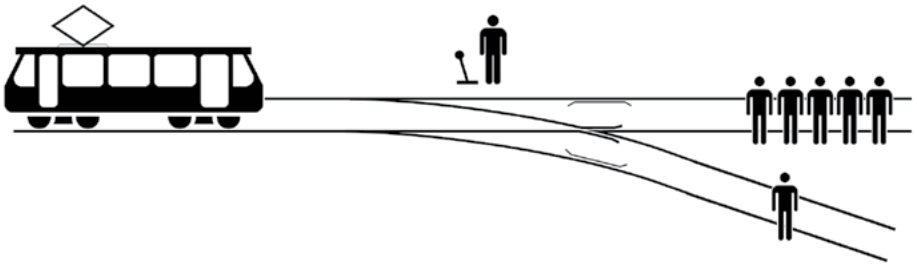
"There is a runaway trolley barreling down the railway tracks. Ahead, on the tracks, there are five people tied up and unable to move. The trolley is headed straight for them. You are standing some distance off in the train yard, next to a lever. If you pull this lever, the trolley will switch to a different set of tracks. However, you notice that there is one person on the side track. You have two (and only two) options:

1. Do nothing, in which case the trolley will kill the five people on the main track.

2. Pull the lever, diverting the trolley onto the side track where it will kill one person."

What do you do?

Most take a utilitarian approach; pull the lever. Yet minor tweaks to this scenario



By Original: McGeddon Vector: Zapyon - This SVG diagram includes elements that have been taken or adapted from this icon:, CC BY-SA 4.0

may flip your response.

Consider the alternative scenarios where:

1. The person on the other track is your son.

2. Instead of pulling a lever you push a fat man onto the tracks (whose mass will stop the trolley. (**The fat man problem**)

3. The fat man is actually the villain who tied up the original five. (**The fat villain problem**)

The trolley problem has been studied by philosophers, psychologists, bioethicists and neuroscientists and has relevance in the fields of medicine, **autonomous driving** and the use of military drones to **eliminate hostile forces**.

The medical variant of the trolley problem states: "A brilliant transplant surgeon in a remote mountain village has five patients in dire need of a transplant: 2 kidneys, a liver, a heart-lung and a bone marrow. (We said he was brilliant). A depressed but otherwise healthy young man without friends or family comes to this remote town and confides that he will soon end his life and will not be swayed." What is the best action to take? Maximise outcomes or *primum non nocere?*

The COVID-19 pandemic and its management have raised many such ethical dilemmas. Travel restrictions, lockdowns, closure of schools and limits on social gatherings disrupted society and economic output plummeted. Social stability was maintained through government support that required it to go into hundreds of billions of dollars of debt. It is said that this will take several decades to reduce.

How much is a life worth? As the trolley problem demonstrates, the question is unanswerable but that does not stop the market from having a go. Governments around the world have to make decisions that impact the health (and wealth) of current and future generations.

Economists have derived the value of a **statistical life** (VSL) from surveys.

$$VSL_T = VSL_0 * {}^{P_T}/_{P_0} * ({}^{I_T}/_{I_0})^{\varepsilon}$$

0 = Original Base Year; T = Updated Base Year; P_T = Price Index in Year t

I_T= Real Incomes in Year t; ε = Income Elasticity of VSL

The **US Environmental Protection Agency** explains the concept by way of example.

> *"Suppose each person in a sample of 100,000 people were asked how much he or she would be willing to pay for a reduction in their individual risk of dying by 1 in 100,000, or 0.001%, over the next year.*
>
> *"Since this reduction in risk would mean that we would expect one fewer death among the sample of 100,000 people over the next year on average, this is sometimes described as "one statistical life saved." Now suppose that the average response to this hypothetical question was $100. Then the total dollar amount that the group would be willing to pay to save one statistical life in a year would be $100 per person × 100,000 people, or $10 million. This is what is meant by the "value of a statistical life."*

Using this approach the value of a life differs from country to country, depending on the income and the mores of the society. The table below gives some recent values.

Australia	*AU$5.1 million (2021)*
United States	*US$7.5 million (2020)*
New Zealand	*NZ$4.14 million (2016)*
India	*INR44.69 million (US $0.64 million - 2018)*
Turkey	*US$59,000 (2016)*

On the basis of these sorts of calculations it is said that saving a single American life is just as beneficial to society as saving the lives of 2 Saudis, 5 Romanians, 10

Macedonians, 35 Indians, 69 Haitians, 90 Sierra Leoneans, or 148 Liberians.

The US EPA however feels that expressing the data as a VSL is not helpful. They prefer the measurement of the **Value of Mortality Risk** (VMR) where the value is expressed in dollars per micro-risk per person per year. This is derived from exactly the same data as the VSL but does not sound so brutal and more accurately reflects the way the calculations are made.

In medicine the QALY (quality adjusted life year) is used to help guide treatment options. A person living for a year with optimal health gets a "one". A dead person gets a "zero". A medical "fate worse than death" is negative. Such calculations can be offered to patients with terminal disease and patients can make a choice about their discounted "**net present value**" in QALYs.

Such calculations can be fraught on both an individual and community level, however. The bioethicist's "**rule of rescue**" puts an onus on the physician to save an endangered life when possible. We will attend to the depression of our young man in the remote mountain village without giving thought to any other options.

Similarly health dollars are spent on high tech and expensive treatments that do little to prolong or improve a patient's life expectancy whereas far less glamorous primary care and public health programs will result in much greater QALYs for the general community. General practice has long made these claims but it is hard to prove.

Spring sees Australia emerging from a severe winter of infections with influenza, RSV and other viral infections. Absences from work are now lower than in the years prior to the coronavirus. The third of **our Covid-19 waves** is abating with our infection rate in September 2022 being a third of the previous month's. We are two months behind the decline seen in western Europe and North America and the World Health Organisation has said that the **end of the pandemic** is in sight.

Former head of the Federal Department of Health, Jane Halton, current chairman of the international **Coalition for Epidemic Preparedness Innovations**, has said, "If we don't see another particularly nasty variant I think people will be feeling quite optimistic." Halton is also reviewing Australia's vaccine and COVID-19 treatment orders and her report will be delivered to the Minister for Health, Mark Butler.

There have been criticisms of Australia's management of COVID-19 - the lockdowns were too long, the restrictions on gatherings and interstate travel too severe, not enough vaccines were ordered and they were ordered too late.

Nevertheless, Australia followed the public health play book - restrict the spread of the infection and quash any outbreaks, then vaccinate the population and manage the controlled spread of the disease throughout the community so that it does not overwhelm the hospital system. As a result Australia has had one of the lowest death rates from the pandemic.

We pulled the switch and maximised the nation's QALYs. Australia's response to the pandemic was a success and our public health physicians are to be congratulated.

Love for One Night

NORPA production at the Eltham Pub, September 2022

Reviewed by Peter Phillips

Thank you NORPA for presenting the Lismore district with a theatrical allegory of our story of the last three years. The well orchestrated concept of the production began with the audience enjoying a pub meal, followed by a staged theatre production. Groups of friends had gathered around tables at the Eltham Pub, catching up over a meal and a drink or two. Almost seamlessly, performers occupied their own tables and began performing their stories. The hotel itself was the stage upon which stories of love for one night were told. The stories moved between the different sets which were the bar, beer garden and the accomodation rooms on the top floor, as lost love was rekindled and new love found.

It was an inspired concept and worked a treat. At times you were not sure whether you were watching a cast member or just a random punter going for a beer.

The "love stories" were a mixture of love in all its forms. They ranged from old lovers once spurned, meeting and finding love again, to the unconditional love a parent has for a child which knows no chronological end point. The mother's voice enquiring of her adult son "so they've let you out of rehab for a day trip to Byron" was said more with hope than ignorance of the inevitable response.

The talented cast portrayed a variety of characters, segueing from one 'love story' to the next. The choreography was exceptional and the comedic sequence for what was presumed to be the mating dance of the miniature peacock jumping spider was inspired. The dancing had to be good for the loser is to be eaten!

Likewise the image of the mother who absconded from hospital (with drip stand) in the band's van to spend a night at the pub will not be easily forgotten. Love found a way there too.

The full spectrum of life's trials and tribulations was encapsulated in the stories which touched on various emotions of happiness, sadness, fear, surprise, and delirium whilst at times also being quite poignant.

The resilient Lismore love heart flag served both as a symbol of the theme of the production and a subtle reminder of how the community had come together to overcome adversity and still discover love could rise to the surface.

We laughed, we cried, but above all we were grateful to be entertained. A thoroughly enjoyable experience and a credit to the cast and crew of our community.

Love For One Night was performed at the Eltham Hotel from 8-24 Sept 2022. It was devised through a collaborative creative process that included director Julian Louis, writer Janis Balodis and performers Lloyd Allison-Young, Claire Atkins, Phil Blackman, Zoe Gameau and Katia Molino. Full details at https://www.blankstreetpress.com.au/arts/love-for-one-night-norpa Photo credit: Kate Holmes

Dementia becomes Australia's second leading killer

Dementia has become the second leading cause of death in Australia, according to the latest figures from the Australian Institute of Health and Welfare (AIHW), which has recorded a total of 14,464 deaths attributable to the disease in 2020, up from 9200 in the 2010 year.

Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia.

The detailed report by the AIHW notes that dementia is 'a significant and growing health and aged care issue in Australia that has a substantial impact on the health and quality of life of people with the condition, as well as for their family and friends.'

The Australian Government-backed body's report provides a comprehensive picture of dementia in Australia, including the latest statistics on dementia prevalence, burden of disease, prescribed medications, death rates and health system expenditure, as well as the usage of medical and aged care services among people with dementia and information on patients and carers of people with the disease.

Along with five moving case histories of people living with dementia the report overviews the condition and those most likely to be affected – prevalence rates are estimated to be 3-5 times higher amongst Indigenous Australians than the population at large. Also analysed are the health and support services available, the needs of patients and carers, and the usage of GP and specialist services.

Statistics show that about half (49%) of all MBS services used by people with dementia were for GP consultations, with an average of 20 consultations used by each person with dementia in 2016–17. This included dementia-specific consultations, as well as consultations to manage other health issues among people with dementia.

A greater proportion of MBS services were used by people living in residential aged care (57%) than for those living in the community (36%).

There are few surprises amongst the analysis of risk factors – including age, genetics and family history.

'However, several are modifiable, and can be altered to prevent or delay dementia,' the report says, adding, 'High levels of education, physical activity and social engagement are all protective against developing dementia, while obesity, smoking, high blood pressure, hearing loss, depression and diabetes are all linked to an increased risk of developing dementia.

'In 2021, it was estimated that there were between 386,200 (AIHW estimate) and 472,000 Australians living with dementia... Based on AIHW estimates, this is equivalent to 15 people with dementia per 1,000 Australians, which increases to 83 people with dementia per 1,000 Australians aged 65 and over.

'Nearly two-thirds of Australians with dementia are women. With an ageing and growing population, it is predicted that the number of Australians with dementia will more than double by 2058 – from 386,200 in 2021 to 849,300 in 2058 (533,800 women and 315,500 men).'

** The University of Tasmania's Wicking Dementia Research and Education Centre has announced a waiver of 2023 tuition fees for students enrolling to study dementia care for the aged care sector. The Diploma of Dementia Care is a fully online, 8-unit program with no formal entry requirements. Topics include how dementia impacts brain function over time, and how practical strategies can be implemented across care settings to best support people with dementia. Applications are open through -* **UTAS.edu.au/study/dementia-care**

Local MPS upgrades will enhance rest and recreation

By mid-2023 aged care residents at Kyogle Multi-Purpose Service (MPS) will be enjoying better shared activity and entertainment spaces thanks to upgrades now under way.

One focus is a purpose-built residents' lounge that will provide both indoor and outdoor spaces to allow residents and their families and carers to exercise, relax or share a quiet moment away from the busy dining room.

Executive Officer/ Director of Nursing for the MPS Network, Nancy Martin, said the upgrades would provide residents with a safe area in which to connect with loved ones, or sit peacefully in reflection.

'Best practice care for older people, including those who may be living with dementia, involves having a variety of spaces which are suited to specific activities, such as eating and drinking, relaxing and resting,' Ms Martin said.

She added that the new lounge area extension will enable residents to move more freely between the different living spaces such as the Chapel, dining room and garden courtyard. The upgrade will also make the most of the views of the Kyogle countryside which residents will be able to appreciate from the covered verandah.

Projects at three other local MPSs are also helping to improve the amenities for aged care residents in communal spaces, and provide a more homelike and comfortable environment. Bonalbo MPS will receive a new garden, complete with mobility pathways, secure fences and shared spaces, while at Nimbin MPS a new access ramp connecting the courtyard and garden to the dining room deck will create a better connection between existing spaces.

At Urbenville MPS, a new backyard space with tool shed, raised garden beds and BBQ area will provide residents with a more homely environment. The projects are jointly funded by the Australian Government's MPS Minor Capital Works program and Northern NSW Local Health District.

Breaking out

The last two and a half years have seen millions of people in many communities around the world "locked in" as a result of the isolation requirements imposed by COVID-19 outbreaks. Australia was no exception. Melbourne holds the world record for the **longest lockdown** at 267 days.

Thankfully, Australia is coming to the end of its COVID-19 mandates but **severe restrictions** continue in a few countries, most notably China, which has followed a "zero COVID" approach to the pandemic.

Locked in syndrome is also a neurological condition resulting from damage to the brainstem. In this condition the patient cannot move or speak but may be able to respond to questions through eye movements. Blinking once or twice as the sole way of communicating brings to mind Morse code or the binary processing used in computers. Life may not be much fun when "the outputs" available to you are so severely limited.

Loss of sight affects 43 million people around the world and deafness nearly twice that number. Sadly many with these conditions do not reach their full potential. The inability to respond to external stimuli

Tommy - Pinball Wizard - The Who (1969)

has differing effects however. The blind lose contact with the world, the deaf lose contact with people.

Nevertheless some overcome their handicaps and achieve remarkable success. The most famous is **Helen Keller**, who lost both her sight and hearing at the age of 19 months from infection but went on to become a world famous author and essayist.

Barry Morris lives in Goonellabah. Now in his nineties his sight, hearing and health have all deteriorated in recent years but he retains a positive outlook on life.

At 84 Barry took up music as a hobby. Undaunted by his disabilities and the restrictions imposed by the COVID-19 lockdowns he, **like others** around the world, seized the opportunity to bring a little joy to those in a similar situation. (Hear Barry explain his circumstances and motivation in his **own words**.)

His "hit" Youtube single **Isolation Blues** brings a smile to all who watch it.

He might not be a pinball wizard or even a Roger Daltrey but nobody's going to put him down.

The Zimmers "My Generation"

What happens in residential Aged Care?

What happens in residential aged care – and what do residents think?

Following years of criticism about the state of the Australian residential aged care system, including a Royal Commission, the Australian Institute for Health and Welfare has released the results of the latest National Mandatory Quality Indicator Program (QI Program), expanded since July 2021 to include the categories of pressure injuries, physical restraint, and unplanned weight loss.

The fourth quarterly report (April-June 2022) of the GEN Aged Care Data shows that -

• Pressure Injuries in residential aged care affected 6.3% of residents

• Physical Restraint was used for 21.5% of care recipients

• Significant Unplanned Weight Loss was observed in 9.4% of residents

• Falls (32.2% of residents) and falls that resulted in major injury (2.2%)

Medication management, the fifth indicator, played a significant role in residential aged care, with 37.3% of residents receiving polypharmacy, 19.3% antipsychotics and 10.4% antipsychotics with diagnosed psychosis.

The figures are close to those in the previous survey of Jan-March 2022.

The views of residents themselves is another focus of the reporting process, with consumer experience interviews (CEIs) being scheduled across approximately 2700 commonwealth funded residential aged care homes, with around 20% of older Australian residents. Interviewees include residents from vulnerable communities, diverse cultures and those with special needs to best represent the voice of those receiving residential aged care.

The interviews will use a simple set of questions intended to understand the lived experience of older Australian residents. The Commission developed the questions, with the help of La Trobe University's **Lincoln Centre for Research on Ageing.**

CEI questions were -

1. Do you like the food here?
2. Do you feel safe here?
3. Is this place well run?
4. Do you get the care you need?
5. Do staff know what they are doing?
6. Are you encouraged to do as much as possible for yourself?
7. Do staff explain things to you?
8. Do staff treat you with respect?
9. Do staff follow up when you raise things with them?
10. Are staff kind and caring?
11. Do you have a say in your daily activities?
12. Do you feel at home here?
13. What would you say is the best thing about this service?
14. What is one thing you would suggest as an improvement at this service?

The Department of Health says it will publish the results of CEIs on **My Aged Care** as part of the **Star Ratings for residential aged care program**: 'They will help older Australians and their families to make more informed and confident decisions about aged care services.'

Flood Docs for Future Docs

by Dr Christine Ahern

Dr Marc Heyning awarded "Best supervision by a GP practice or Hospital Department".

This is a shout out from the University Centre for Rural Health (UCRH) to all the incredible general practices on the North Coast that have supported the placement of medical students over the years and have continued to do so where possible through pandemic and floods.

Having a well-trained and adequate medical workforce in the future is clearly vital and your contribution is remarkable.

We hope that the students have added positively to your work experience and provided assistance in some clinical areas. This is what is overwhelmingly reported back to us by the practices.

We know that your surgeries are probably approached by many universities and students and it is obviously your choice as to who you host.

A reminder that the UCRH is part of an agreement called NCMEC (North Coast Medical Education Collaboration), a joint venture between The University of Sydney, University of Wollongong and Western Sydney University, which aims to bring students to this region for long placements in both the community (mostly general practice) and the hospital system. We hope to give them a substantial and extended immersion into life and medicine on the North Coast. The aim being that they will love it so much that they will return as interns, registrars and beyond.

And we are having good success.

In order to meet our part of the agreement with the Federal Government, we need to place a certain number of students each year and so we would ask you to consider prioritising UCRH placements wherever you can. We have very experienced education support officers and program facilitators, as well as GP educators to help with placements, admin tasks, and to troubleshoot if need be. The UCRH places around 48 long stay students per year.

Remuneration for the supervision of students is available through Medicare, although arguably it is not what it should be. Medicare will provide $200 per session, with a maximum of two sessions per day. Please remember, the payment is supposed to go to the clinician looking after the student for that session, in order to compensate for seeing a couple of less patients if that is what occurs, and especially if they are paid as a percentage of their billings. Again, this is up to the practice, but it is the intention of the payment.

Many GPs welcome the opportunity to supervise students, as it provides an avenue to help train and shape our future doctors. Students can be utilized in the practices in various ways, as an extra set of hands, taking histories, assisting with procedures and vaccinations, just to name a few. The placement engagement through the UCRH has minimal administrative 'overheads' for the practice, and our placement coordinators work hard to ensure this is a streamlined process.

Our students almost unanimously report having a positive experience. They really enjoy being a part of a team and feeling useful. In particular they have pitched in without hesitation to assist at the respiratory clinics and flood evacuation centers. They learned that as well as everything else they contributed, listening to people's stories can be incredibly therapeutic for the patient, and most enlightening for the listener.

Some long standing and highly respected practices in Lismore, which have hosted students consistently, have been affected heavily by the recent floods. Our thoughts are with you and we wish you well on the road to recovery. Lismore Base Hospital has also been affected and we are incredibly grateful to all the staff who continue to give 100% and more. Do take time out for your own well-being if at all possible.

The impact has been devastating and UCRH has contributed a flood report to NSW Health and will continue to monitor the effects through research. As a community we are reaching out and pulling together and we can only hope that further much needed assistance from outside will be forthcoming.

Our Aboriginal Medical Services and Health Workers continue to provide a cultural experience with a medical flavour that deepens understanding of our Indigenous communities and their health needs.

Thank you for your ongoing generosity and wisdom.

Our academic teaching team currently consists of Dr Ann Tosomeen, Dr Natalie Lindsay, Dr Rosie Hamilton, Dr David Glendinning and myself, with occasional guest appearances from Jane Burgess, Jane Barker and others.

For the first time this year we are running Addiction of Medicine education days under the umbrella of our Mental Health curriculum and welcome the assistance of Anthony Solomon and Bronwyn Hudson – both GPs - and their considerable experience and expertise in this field.

However, we know that the real learning occurs at the coal face – we will hopefully find a different term for this in future. ('Solar panel' doesn't quite work – possibly 'wind farm'?) But for the moment, general practice and hospital wards remain the coal face.

A special plaudit to Dr Marc Heyning who was awarded "Best supervision by a

Book Review - The Patient Doctor

The Patient Doctor
Dr Ben Bravery
Hachette Australia 332pp

by Robin Osborne

At the time of publishing the author of this wonderful memoir of medicine from both sides of the treatment fence – hence the cleverly apt title – was in his final stages of psychiatric training, having completed hospital rotations in the usual fields, including surgery, emergency care, oncology and geriatrics.

As he explains, 'When it came to taking medical histories from patients, I was always most interested in what we call the 'social history'. This is the part that allows us to learn more about the patient as a person.

'Sadly, many doctors tend to reduce this to asking about exercise and whether a patient smokes cigarettes. It can be so much more than this. What about the patient's home life? Did they live pay cheque to pay cheque? Had they any prior bad experiences in hospital?'

In regard to the last question the author unequivocally responds in the affirmative, having experienced a range of unsatisfactory experiences as a patient as well as many disillusioning ones as a medical intern, bullying by senior doctors being at the top of the list.

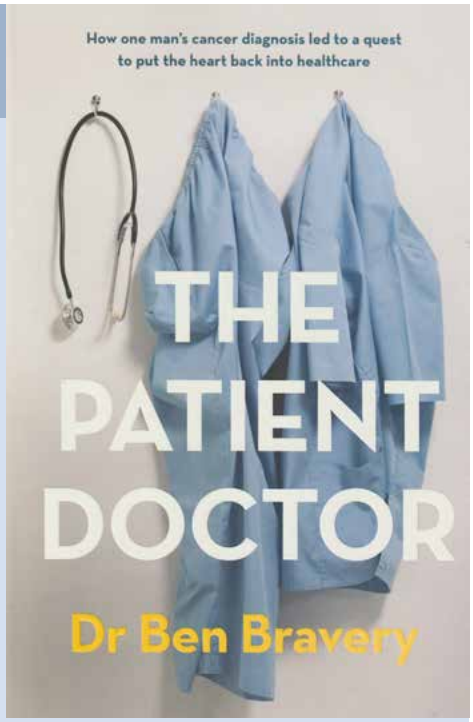
What Bravery describes as 'not your typical cancer memoir' begins in Beijing where he worked as a zoologist on projects for the Australian and Chinese governments and became 'something of an expert' on topics such as what types of male panda urine was most likely to attract females.

One day, at age 28, he noticed blood in the toilet bowl but, unwisely of course, ignored it. Not long afterwards, on a short visit home, he underwent a colonoscopy at the insistence of his feisty, Ballina-born mother, and received a diagnosis of advanced bowel cancer. To put it mildly, his life changed dramatically.

'The leap from zoologist to cancer patient was not my choice,' he writes, 'but the leap from cancer patient to doctor was. That decision – what it's like on both sides of the hospital curtain, and how medicine can be made better for patients and doctors – is the point of this book.'

It is an exhausting journey through surgery, radiotherapy and chemotherapy, to the logistics of stoma bags and the awkwardness of managing post-operative demands – not least when one decides to continue jogging! Then there was the long slog through med school, bullying again being common, and clinical placements as a mature age student.

Throughout seemingly endless appointments and admissions Bravery is ably support by Sana, a TV presenter he met in China and almost instantly fell in love with. Their relationship is central to the story, as is their (spoiler alert) ultimately successful attempt to fall pregnant through IVF after wisely freezing his eggs eight years prior to the radiation that would render him infertile.



The difficult birth of their son is the final breathtaking hospital event in the story.

Damning the much-vaunted concept of patient-centred care as 'great marketing', he says that as a patient he rarely felt at the centre, and 'For a great deal of my care, I felt like a bystander watching things happen around me... I felt like a passenger in someone else's people mover, a bit closer to the action and moving along with everyone else, but with no idea of where we were going or how long it was going to take.'

He found things were similar on the other side of curtain, too, although he feels there is hope if the system can prioritise the values that make us human – 'communication, respect, empathy, compassion, kindness and balance.'

GP practice or Hospital Department" by the students this year. He is pictured here with two registrars who also nominated him for a teaching award. Marc is clearly a dedicated and much valued teacher.

In the future we are exploring with the Regional Training Hub at Lismore Base (where folk are working to develop local specialist training pathways), and the SIM center, (where learners can experience all the adrenaline rush and alarm of a real emergency, without putting any actual person at risk), how we can better support practices and supervisors that support our students. Offering state of the art training appears to be popular and we will continue to develop these possibilities.

We need to sincerely thank your practice managers (PMs) without whom these placements would not be possible. We do sometimes hear that an individual doctor would like to be involved in medical student training, but the practice as a whole feels the timing is not right. Please encourage discussion at the practice level.

We are willing to look at all possible scheduling rosters and variations in order to make it work for your practice. You have no idea how much you have to offer. We do, as do the students and they tell us. And again, let them contribute. They want to.

To those who have not yet been involved or who have taken a break, please contact us if you want to (re-) engage. We would love to hear from you. (See below for contact details.)

And speaking of PMs, no matter what your political persuasion, there does now exist an opportunity to lobby different folk and in a different way for the future of our profession.

Let's do it.

Let's work together.

Let's make it better for our community and for the ones following in our footsteps.

For more information and to register your interest please contact Dr Christine Ahern. M 0412 673 278 – please text first

Email **christine.ahern@sydney.edu.au**

Dr Christine Ahern is Academic Coordinator (GP & Community) at the University Centre for Rural Health (UCRH)

EDs are on for young and old

by Robin Osborne

Young children and older adults are the Australians most likely to seek Emergency Department treatment, according to the latest (2020–21) Australia's **Hospitals at a Glance repor**t from the Australian Government's Australian Institute of Health and Welfare (AIHW), which notes that presentations to public hospital EDs totalled 8.8 million for this period – a rate of 342.5 presentations per 1,000 population.

The AIHW reports that patients aged four years and under (who make up 7% of the population) accounted for 10% of presentations, while patients aged 65 and over (who make up 16% of the population) accounted for 21% of presentations overall.

In the five years prior to 2019–20, presentations per 1,000 population increased from 310 to 329, a rise of 3.2% per year on average. In 2019–20 the rate dropped to 319 per 1,000 population.

In 2019–20, with the outbreak of COVID-19 in February 2020, the number of ED presentations decreased by 1.4% compared to 2018–19, likely influenced by COVID-19 restrictions and the changes made to health care provision.

However, in 2020–21, the number of presentations to EDs increased 6.9% compared to 2019–20, despite ongoing restrictions to health care due to the ongoing pandemic.

ED throughput generally worsened: wait times increased, with only 71% of presentations 'seen on time' across all triage categories; 90% of patients seen within 1 hour and 42 minutes; and 67% of ED visits were completed within 4 hours in 2020–21, down from 72% in 2016–17.

> *The highest hospitalisation rates were for patients living in the most disadvantaged areas.*

Patients surveyed about their hospital experiences reported a high level of satisfaction with the way doctors and nurses listened to their concerns and showed them respect. It appears they were not asked about their views on waiting times for treatment, nor when required, admission.

In a statistic that may surprise many who regard Australia as a relatively healthy country, there were 11.8 million hospitalisations in the study period, or 418 per 1,000 population, although - as with the ED presentation data - this is not to suggest that almost half the population was hospitalised in a year, or one-third needed emergency care.

Public hospitals provided 7.0 million hospitalisations and private hospitals 4.9 million. Average length of stay was more than 5.0 nights in both cases.

In 2020–21, the nation had a total of 697 public hospitals, with 184 in major cities, 402 in inner and outer regional areas, and 111 in remote or very remote areas. They offered a total of 63,333 beds.

The highest hospitalisation rates were for patients living in the most disadvantaged areas, with rates generally decreasing as the level of disadvantage decreases. The reverse was the case for the private hospitals.

Other AIHW data on hospitals showed that in 2019-20 recurrent expenditure (excluding capital) on Australia's public hospitals was $66.4 billion, funded 93% by State/Territory and Australian Governments, an annual increase over five years of 4.2% in real terms (adjusted for inflation).

Recurrent expenditure on Australia's private hospitals was $17.1 billion, mostly funded by the non-government sector, including private health insurance and out-of-pocket payments by patients (67% or $11.5 billion).

The AIHW's "day in the life of Australian hospitals" found that,

- $229 million is spent on public and private hospital services
- 175,000 nurses and 52,000 doctors were employed in public hospitals
- there were 32,400 hospitalisations in public and private hospitals
- 24,100 people presented for care at Australia's public hospital emergency departments
- 128,000 services were provided to non-admitted patients
- there were 2,100 admissions to public hospitals from elective surgery waiting lists
- 2 out of 3 elective surgeries were performed in private hospitals
- a hospital acquired complication occurred in 407 hospitalisations
- 4 cases of Staphylococcus aureus bloodstream infection were detected in public hospitals

Kill or Cure? A Taste of Medicine

An immersive exhibition looking at how western medicine understood health, disease and treatments from the 15th century to the 19th century.

State Library of New South Wales – until 22 January 2023, free admission.

Medical botany : containing systematic and general descriptions, with plates of all the medicinal plants, indigenous and exotic, 1810 by William Woodville

'Phlebotomy room' inside the State Library's Kill or Cure? exhibition

Leech finders, The costume of Yorkshire, 1814 by George Walker

From the influence of the stars and the phases of the Moon, to healing chants and prayers, the knife-wielding barber-surgeon and game-changing scientific experiments, Kill or Cure? – note the question mark – is a superbly presented exhibition taking visitors behind the curtain of western medicine's often macabre history.

The notes invite us to 'explore our many treatment rooms with instruments that will make your skin crawl. Hear quack doctors spruiking dangerous cures from behind the interactive walls. Meet the bloodletting man and learn why veins were opened to restore health.'

The Library's extensive rare books collection reveals some of the powerful and enduring ideas from western medicine that have since been debunked, and those we take for granted today.

The diversity of topics includes phlebotomy and leeches, obstetrics, the operating theatre, sexual health ("the only treatment believed to be effective for syphilis was quicksilver or mercury, a chemical element used in Arabic and Chinese medicine to treat skin diseases"), pharmacy, nutrition and more.

Inevitably the opium poppy is one of the featured illustrations, along with a jar of Holloway's ointment whose label claims it would cure 'inveterate ulcers', as well as gout, rheumatism, bed legs, sore breasts and heads, and presumably everything in between.

The exhibition website offers downloads of the bibliographic items on display as well as a PDF of the pamphlets describing the categories covered.

The team responsible for the exhibition is led by Elise Edmonds who has curated several exhibitions highlighting the State Library's nationally significant First World War collections, and most recently the fascinating Dead Central – an immersive, audio experience, which told the story of the Devonshire Street Cemetery, where Central Station now stands. She has contributed to and narrated two podcast series, The Burial Files in 2019 and The Gatherings Order in 2020.

Challenges of diagnosing sleep disorders

Sleep is a critical aspect of patients' health and wellbeing, but sleep disorders can be challenging to diagnose and manage, says a leading North Coast sleep expert.

Dr Joe Duncan, who works out of St Vincent's Private Hospital at Lismore, said about 7.2 million Australian adults were impacted by sleep issues.

"Daytime sleepiness can affect mental health and cognitive function, and lead to cardiovascular disease and diminished general wellbeing. It also puts people at a heightened risk of things like motor vehicle accidents," he said.

A new GPs Ask video has been developed by St Vincent's to help GPs diagnose a range of sleep disorders, including obstructive sleep apnea, insomnia, idiopathic hypersomnolence, narcolepsy and circadian rhythm disorders.

"A normal adult should fall to sleep within 30 minutes, and the requirement for sleep is generally in the realm of seven-and-a-half to eight-and-a half-hours," Dr Duncan said.

Dr Joe Duncan

"It's important to discuss what your patient does before they go to sleep – what are the lights like in their lounge room, do they watch TV, are they using devices, when did they last consume caffeine. You should also ask your patient how they wake up in the morning. Waking up naturally, without an alarm, is often a good indication that your patient has had enough sleep."

The most common sleep disorder is obstructive sleep apnea. Signs of this can be snoring, waking up several times a night, recent nose or tonsil surgery, not being able to breathe through your nose, and waking with a dry mouth or headaches.

Following a diagnostic sleep study, management can include the use of CPAP machines, a mandibular advancement device, and position therapy.

Insomnia is another common sleep disorder, affecting around 25 percent of the population.

"It's important to explore the reasons for insomnia. Often people have intrusive thoughts from their day," Dr Duncan said.

"The management of insomnia is quite challenging, and it centres on cognitive brain therapy, which is difficult in a rural area. There are some good online tools and programs that guide patients through management options."

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The series has been specifically designed to answer common questions from GPs on the Northern Rivers, and features expert advice from local specialists.

Medical professionals can sign up to receive St Vincent's Dear Doctor newsletters, which feature new GPs Ask videos and important updates and information from the hospital.

All the videos can be viewed on St Vincent's website. Sign up for the Dear Doctor newsletter here.

Meet our Neurosurgeons / Spine Surgeons

at Gold Coast Private Hospital

Asst. Prof. Lee Yang

M.D., Ph.D., Master of Surgery, MBBS, FRACS

Neurosurgeon & Spine Surgeon

Asst. Prof. Lee Yang's special interests include:

- Keyhole spine surgery
- Brain bypass
- Brain aneurysm
- Spinal trauma
- Degenerative spinal
- Brain AVM disease
- Spinal infection
- Brain tumour
- DAVF
- Spinal tumour
- Spinal deformity

To arrange an appointment, please contact:

Gold Coast Brain and Spine

Gold Coast Private Hospital, Suite 15, Ground Floor
14 Hill Street, Southport QLD 4215
P 07 5530 0491 | F 07 5530 0686
E enquires@goldcoastbrainandspine.com.au

Assoc. Prof Chris Daly

BSc. MBBS MPhil PhD FRACS

Spine Surgeon & Neurosurgeon

A/Prof Chris Daly's special interests include:

- Minimally Invasive Spine
- Spine Trauma Surgery
- Spine Tumour
- Degenerative Spinal
- Brain Tumour Conditions
- Carpal Tunnel
- Ulnar Neuropathy Syndrome
- Adult Spinal Deformity

To arrange an appointment, please contact:

Gold Coast Private Hospital Specialist Suites

Gold Coast Private Hospital, Ground Floor
14 Hill Street, Southport QLD 4215
P 07 5530 0770 | F 07 5530 0687
E reception@neurospinecentre.com.au

Asst. Prof. Laurence McEntee

MBChB FRACS

Orthopaedic Spine Surgeon

Asst Prof Laurence McEntee's special interests include:

- Anterior approaches to the spine
- Total disc replacement
- Minimally invasive posterior fusion
- Adult spinal deformity

To arrange an appointment, please contact:

Dr Laurence McEntee Orthopaedic Spine Surgeon
Level 6, Suite 5B
Pacific Private Clinic
123 Nerang Street, Southport QLD 4215
P 07 5613 2065
E info@drlaurencemcentee.com.au

Dr Wayne Ng

BSc MBBS PhD FRACS

Spine Surgeon & Neurosurgeon

Dr Wayne Ng's special interests include:

Brain
- Skull-base surgery
- Neuro-oncology (brain tumour surgery)
- Cerebrovascular surgery (brain aneurysm)
- Trigeminal neuralgia
- Hemifacial spasm

Spine
- Spine surgery
- Degenerative deformity
- Spinal tumour
- Spinal trauma
- Artificial disc replacement

Peripheral nerve decompression
- Carpal tunnel syndrome
- Ulnar neuropathy
- Common peroneal nerve compression

To arrange an appointment, please contact:

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Dr Sam Heshmat
T 07 5530 0770
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Dr Gaurav Singh
T 07 5530 0770
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Dr Terence Chou
T 07 5530 0770
F 07 5530 0687

Dr Meenakshi Raj
T 07 5564 8562
F 07 5539 4930

Dr Arman Sabet
T 07 5679 0008
F 07 5677 0219

14 Hill Street, Southport QLD 4215 | goldcoastprivate.com.au

Community of Care

Gold Coast PRIVATE HOSPITAL by Healthscope

Health minister 'particularly alarmed' about general practice

The Albanese Labor government's first health minister, Mark Butler, has raised what he considers to be the alarming state of both general practice and aged care in Australia, telling the AMA's national conference on 31 July 2022 that, 'At the heart of the parlous state of general practice is very substantial financial pressure, much of which has been aggravated by the freeze on the MBS rebate over the last several years.'

The minister added that while that freeze has 'thankfully been lifted' it remains 'baked into the system and results in an ongoing reduction or cut of more than $500 million every year in MBS funding that otherwise would be there if the MBS rebates had not been frozen.'

Mr Butler also pointed to 'a crisis in the GP workforce', calling it 'a recurring theme right through the healthcare system - I still think that the abolition of Health Workforce Australia was a deep mistake by Tony Abbott when he came to Government.

'But as you know, it is particularly acute in general practice with the interest among medical graduates in training in general practice in freefall - down as I understand it to as low as 14 or 15 percent of medical graduates choosing that career path.

'The Modified Monash Model has exacerbated very deep supply problems that we have in some of the regional parts of Australia, as well as some outer suburbs that were previously classed as districts of workforce shortage.

'These general practice issues, I can tell you, are at the top of my list of things that I think we need to be focusing on.'

Aged care is another subject for concern, with the minister saying budget cuts to the sector under the former government are driving a system 'that was already under serious pressure to the point of crisis that we saw played out so vividly in the Royal Commission.'

Mr Butler told the media that fixing the GP pipeline was a long-term project, with 'no silver bullet for cities, let alone rural and regional Australia. 'However, the government is exploring alternatives such as a trial of the single employer model in the Murrumbidgee' region started by the former government.

The SMH reported that under this system, GP trainees remain employed

The Hon. Mark Butler, MHR

Photo Credit: Bahudhara, **CC BY-SA 4.0**, via Wikimedia Commons

by NSW Health, allowing easy transition between hospital and community-based GP training placements, and portability of entitlements such as annual leave.

Mr Butler said the results of the single employer model in the Murrumbidgee would inform a possible further trial in South Australia. Health Department secretary Dr Brendan Murphy told the conference that the growth in GP numbers was only 1.8 per cent a year, while growth in other medical specialists was 4.2 per cent.

He said there were many reasons why medical students were not choosing to specialise in general practice, including the financial rewards and the focus on 'high throughput medicine".

'Some colleagues and many of the general practice groups say that some of their other specialist colleagues are earning more money for the same or less hard work, so that's part of it – the reward for the job,' Dr Murphy said.

AMA elects new leaders

At the conference the AMA elected a new President, Professor Steve Robson, a senior specialist in Obstetrics and Gynaecology who has been in practice in Canberra for 20 years, and Vice President, Dr Danielle McMullen, a GP in Sydney's Inner West, and immediate past president of AMA (NSW).

Professor Robson first joined the AMA in 1984 as a medical student in Queensland. He has served as ACT President and is in his fifth term on the AMA ACT Board and is a Federal Councillor. He has also been President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Dr McMullen was closely involved with handling the state's response to COVID-19 and demonstrated strong leadership, effectively engaging decision makers to further the AMA's strategic policy and public health aims.

She is passionate about the AMA and strongly believes it is the only organisation that successfully brings together doctors from all specialties and stages of career to advocate for a better system for patients and their doctors.

Professor Robson said,'"Our new team will be a strong advocate for the medical profession and the community following in the large footsteps of the former leadership team of Dr Omar Khorshid and Dr Chris Moy.

'We have come so far, but there's still so much to be done. I am determined to see general practice not only survive but be recognised as the lynchpin it is in our health system. It is one of the most cost-effective ways of keeping Australians healthy.'

Dr McMullen added, 'As a leadership team, we look forward to working with members and non-members and stakeholders, including government to see the $1 billion dollars in funding earmarked for general practice spent in a targeted and effective way as outlined in the 10 Year Primary Health Care Plan.

'Continuing the AMA campaign to stop the Hospital Logjam and restore sustainable funding to our public hospital system and hold the new federal government to account will be a priority also. Across the issues of prevention, private practice, public hospitals, aged care and general practice we are looking forward to continuing the critical work the AMA carries out, and highlighting that health is the best investment for governments to make.'

SULLIVAN NICOLAIDES PATHOLOGY

Our pathologists support you in your practice

Sullivan Nicolaides Pathology Lismore proudly supports the Northern Rivers with a comprehensive pathology service. Our specialist pathologists are available for consultation and our laboratory provides complete local coverage with a 24-hour on-call service at St Vincent's Private Hospital.

Dr Sarah McGahan MBBS FRCPA
sarah_mcgahan@snp.com.au
6620 1203

Dr Sarah McGahan is Pathologist-in-Charge of SNP's Lismore laboratory. A graduate of The University of Queensland, she trained in pathology at Royal Prince Alfred Hospital, Sydney. In 1995 she moved to northern NSW, where she worked at Lismore Base Hospital for 13 years, joining SNP in 2008. She has expertise in a broad range of histopathology including dermatopathology and gastrointestinal pathology, and has a particular interest in melanoma.

Dr Andrew Mayer MBBS(Hons) FRCPA
andrew_mayer@snp.com.au
6620 1204

Dr Andrew Mayer has expertise across a broad range of general surgical pathology with particular interests in breast, gastrointestinal and dermatopathology. He graduated with honours from the University of Sydney in 1989 and went on to one year of forensic pathology training at the NSW Institute of Forensic Medicine, followed by five years in anatomical pathology training at the Institute of Clinical Pathology and Medical Research (ICPMR), Westmead Hospital.

Dr Patrick van der Hoeven MD FRCPC FRCPA
patrick_vanderhoeven@snp.com.au
6620 1202

Dr Patrick van der Hoeven is a general pathologist with extensive experience in surgical, breast and gastrointestinal pathology and dermatopathology. He graduated in Medicine from Queens University, Canada and gained his Fellowship of the Royal College of Physicians and Surgeons of Canada in 1994. He moved to Australia soon after and worked for Gippsland Pathology Service in Victoria where he became Deputy Director of Pathology and a partner.

Dr van der Hoeven joined SNP in 2019.

Sullivan Nicolaides Pathology Lismore
Suite 2, St Vincent's Specialist Medical Centre, 20 Dalley St, Lismore 2480
P 6620 1200 **W** snp.com.au

SULLIVAN NICOLAIDES PATHOLOGY

New mental health hubs launched

In late July 2022 the NSW Government and Healthy North Coast launched four new community support and wellbeing hubs across the Northern Rivers region to offer mental health support and build community resilience.

Established and funded by Healthy North Coast through the NSW Government's Northern NSW Flood Recovery Program, the four 'Safe Haven' hubs will be delivered and managed by local organisation, The Buttery.

Located in Lismore, Murwillumbah, Mullumbimby and Woodburn, Safe Haven hubs will offer a free 'drop-in' service that operates 7 days a week, from 12-6pm.

Healthy North Coast CEO Julie Sturgess described the Safe Haven hubs as places of support and refuge, offering immediate, personalised and compassionate mental health support and counselling.

She described them as culturally safe spaces offering support to all community members, including people who identify as Aboriginal and Torres Strait Islander, culturally and linguistically diverse (CALD) Australians and people from the LGBTQIA+ community.

'The North Coast has been hit hard recently by the devastating floods, coming off the back of the pandemic and other natural disasters,' said Ms Sturgess.

We know many people are focussing on the basics right now, but we are also seeing great demand for mental health support to catch those in immediate distress or who might be feeling overwhelmed.'

Service users don't need a referral or a booking, and access is free, weekdays or weekends.

NSW Minister for Mental Health Bronnie Taylor said the four centres have been specially designed to provide a welcoming environment and offer a wide range of services, including information, referrals and counselling support.

At the 'Safe Haven' launch were (l-r) Leone Crayden, CEO The Buttery; Bronnie Taylor, NSW Minister for Women, Regional Health and Mental Health; Mayor Robert Mustow of Richmond Valley Council; Julie Sturgess, CEO Healthy North Coast; Dee Robinson, Director Mental Health and Alcohol and Other Drugs at Northern NSW Local Health District.

'These Safe Havens are an approachable, welcoming alternative for people in distress who require acute mental health support and may be uncomfortable presenting to a busy emergency department,' Mrs Taylor said.

'The NSW Government is investing $25 million over three years in mental wellbeing for flood impacted communities. $1 million of this funding is dedicated to the four Safe Havens in Northern NSW, with a further $7 million for clinical and non-clinical staff in the region, including staff at the four Safe Havens," Mrs Taylor said.

Ms Sturgess said The Buttery, a well-established, not-for-profit mental health and specialist drug and alcohol organisation, was commissioned by Healthy North Coast through a competitive tender process.

'The Buttery has been supporting the North Coast community since 1973 and has provided services to over 5,000 participants in its residential programs and 20,000 participants in its outreach services,' Ms Sturgess said.

The Buttery Chief Executive Officer Leone Crayden said experienced mental health clinicians at each site will support anyone who arrives and needs urgent mental health support.

'Safe Haven staff are trained in crisis response, acute interventions, counselling and case management. Non-clinical support, such as peer support from those with lived experience, are also available.

'Staff can refer clients to other mental health support services in the region and connect them with community services to address underlying factors causing their distress. These factors could include serious mental health concerns, drug and alcohol conditions, and stresses related to housing, finances, relationships, unemployment – anything affecting their mental health and wellbeing. '

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More information at www.safehavennc.org.au or • Murwillumbah Safe Haven Shop 10-12, 41-45 Murwillumbah Street, Murwillumbah • Mullumbimby Safe Haven 15 Tincogan Street, Mullumbimby • Lismore Safe Haven The Quad, 10 Magellan Street, Lismore • Woodburn Safe Haven Visitors Information Centre, 114 River Street, Woodburn.

Veterans' concerns signalled loud and clear

by Robin Osborne

As has previously been reported in this magazine, governments rarely convene a Royal Commission in the belief that the evidence and findings will be anything less than disturbing and the recommendations costly to implement.

Such is the case with **the Royal Commission into Defence and Veteran Suicide, the Interim Report** of which was tabled in the federal Parliament on 11 August 2022, almost exactly a year after it was formed. A deeply concerning document, it reveals heartlessness and incompetence at the core of an institution charged with nothing less than the defence of the nation.

Yet there is a major difference between this inquiry and others in recent times, for instance the Royal Commissions into Aged Care and the treatment of People with Disability.

While the revelations in these were also upsetting, the responsibility for setting things right, or at least embarking on that path, lay with the government that had called the inquiry in the first place. In theory, anyway, as remedial action can take years to be implemented.

Not so with this deep dive into the mental health status of the personnel who have served Australia, often in combat zones, which was called by the former Morrison coalition government – after considerable pressure, it may be noted.

Now, the ills must be dealt with by its Labor successor.

The document runs to 312 pages and has a strikingly bright cover, given the sombre nature of the contents. It was created by Matt Jones, a former Army major who served in the East Timor deployment. He explains that the inspiration for 'Yarn', an award-winning work, comes from the **blue and yellow maritime signal flag, Kilo**, which has the meaning of "I want to communicate with you".

Despite the challenges of speaking openly or lodging frank submissions (1912 received) the messages about the experiences of serving and former defence personnel are communicated loud and clear: lives are being lost, loyal servants are being denied entitlements and families are carrying heavy burdens.

Calling the process 'a once in a generation opportunity to make real and lasting change', the three Royal Commissioners noted, 'Serving and ex-serving members of the Australian Defence Force (ADF) make unique contributions and sacrifices on behalf of the nation – on behalf of all of us.'

They observed with 'dismay the limited way Australian Governments had responded to the 50-plus previous reports and more than 750 recommendations from inquiries conducted since 2000 that are 'relevant to the topics of suicide and suicidality among serving and ex serving ADF members.'

They added, 'Transition from service to civilian life is a significant event for ADF members and their families. It can be associated with increased risk of suicide and suicidality.'

Disturbingly, they expressed concern about the lack of legal protection for persons who may want to engage with the Royal Commission: 'These include, but are not limited to, serving members who intend to stay in the ADF and have concerns about the impact their disclosure of sensitive information may have on their career.'

The artwork 'Yarn', by former ADF Major Matt Jones, features on the cover of the Interim Report of the Royal Commission into Defence and Veteran Suicide. The colours are from the blue- and-yellow maritime signal flag, Kilo.

One of the 13 key recommendations addressed this issue of whistle-blower protection.

Others included the need to develop and implement legislation to simplify and harmonise the framework for veterans' compensation, rehabilitation and other entitlements, and measures to reduce the unacceptably lengthy defence claims backlog.

Statements of hurt and regret come from all quarters.

In Brisbane on 26 November 2021, Commissioner Kaldas said: We acknowledge the lives lost. We acknowledge those who have made an attempt on their life or are vulnerable to suicide. And we acknowledge those bereaved by suicide – their families, partners, children, parents, friends, colleagues and supporters.

Commissioner Brown remarked: Our job as this Royal Commission, is to identify the real root of the problem, or problems, that are leading so many to think about suicide, attempt suicide, or to take their own lives, because they perceive, and believe, there is no other option.

One ex-serving member said, Myself and hundreds of other veterans deal with a key problem when we leave the Defence Force. We lose everything. Our identity, our families, and our belongings.

Particularly concerning was the comment by Air Commodore Lara Gunn, ex-Chief of Staff of ADF Headquarters, regarding risk factors for suicide: It is my observation that serious abuse suffered by ADF members in service, including the mismanagement of that abuse, can be a contributing risk factor in deaths by suicide, attempted suicide and poor mental health.

Then there are the statistics –

The 2021 Census showed 581,139 Australians reporting as serving (84,865) or having served (496,276) in the Australian Defence Force. In September 2021, the Australian Institute of Health and Welfare identified 1,273 deaths by suicide between 1 January 2001 and 31 December 2019 in those who had served at least one day since 1 January 1985.

Of these 1,273, a total of 211 were serving (permanent and reserve) and 1,062 were ex-serving ADF members. The Commissioners noted the AIHW may be able to identify some suicide deaths that occurred prior to 2001, adding 'We will monitor their progress with interest.'

By way of comparison, Australia lost some 38 serving personnel in Afghanistan since the start of the engagement in 2001.

Another concerning figure is that 13.2% of regular ADF members and 28.9% of transitioned ADF members felt 'life was not worth living'.

Over the coming months, the Royal Commission will continue to hold private sessions, roundtables and hearings in locations around Australia, and accept written submissions until 13 October 2023.

'We want to have a comprehensive understanding of both common themes and diverse experiences. We want to continue to test our thinking,' it noted.

'To achieve this, we will listen to as many people and organisations as possible between now and the end of the inquiry.'

If the process is to have meaning beyond catharsis, what needs to follow (as recommended) is legislative change, an extensive culture overhaul of the ADF, a simplified and fast-tracked claims system, a funding boost for veterans' services and protection for those who speak truth to power.

Asked on ABC television what advice he might give a son who expressed interest in joining the ADF, the chair, Nick Kaldas, hesitated and then said he would suggest staying aware and on top of things. As a former deputy commissioner of the NSW Police, he should know this is easier said than done in a hierarchical service.

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Medicare for prisoners

by Andrew Binns

Australia is a wealthy and well-developed nation but when it comes to the management of our prison systems we lag well behind Scandinavia and various other countries in the world. This is particularly the case for our First Nations people.

Our custodial statistics tell the story. Aboriginal and Torres Strait Islander peoples makeup: 3% of the general population, 28% of the prison population, 86% of recidivism, 40% of the female prison population, and 98% of youth behind bars in the NT.

There are many reasons for this, including transgenerational trauma. Indigenous prisoners have nearly all suffered from past trauma whether that is physical, psychological, or sexual abuse. That is the medical and psychosocial history they give when asked.

The problem is stark, and the solutions are challenging particularly with the populist 'tough on crime' political views behind it. However, the mood may be changing around the Uluru Statement from the Heart process underway in Australia.

The interface between being in prison followed by release is a crucial time when opportunities for rehabilitation are so often lost. Many inmates find this transition very challenging and returning to their home environment can be daunting. Then there is the growing number who are homeless. The return to a jail may even be a choice taken by reoffending.

So, what would be the ideal post-release scenario?

GPs and the primary care allied health professionals they work alongside fulfill a crucial role. For a start the first thing that needs to happen is that they need to re-join the Medicare and Centrelink systems. This is needed to regain the Individual Health Identification (IHI) details before a PBS script can be written or allied health systems can be put in place.

These are significant barriers to gaining appropriate post release primary care. Done well this care is a key to preventing recidivism. How could this be done better?

For a start, for prisoners to have access to Medicare whilst inside would help. Currently they are looked after with health needs in NSW under the auspices of the NSW Justice Health and Forensic Mental Health. The health staff including GPs do an amazing job in this under-resourced field with workforce skills shortages being part of the problem.

If they had the use of the Medicare system at least in part, it would be helpful at least for a few item numbers for mental health and chronic disease and there is a **push to make this happen**, including by the RACGP.

And then there was **this tragic case** recently where Douglas "Mootijah" Shillingsworth, a Budjiti and Murrawarri man died of an ear infection. The Coroner found the death "was the result of the systemic failures prevalent in the public health system and the custodial health system in NSW ..." and has called for some Medicare access for Aboriginal prisoners.

The other issue is that Medicare access would help for the transmission of vital information to be transferred from a State to a Federal health system. The current arrangement is poor and attempts to fix it have not yet been forthcoming. Medicare has the My Health Record system which may be helpful in solving this problem.

Meantime we suffer with the current clumsy and inefficient situation which is also costly. It costs something like $330 per prisoner per day for our jails. Some of this money could be better used for rehabilitation.

> *'Prisons are needed for violent and high-risk offenders, but too many of our jails have a revolving door of low to medium risk prisoners when there is a falling crime rate. Alternatives to prisons need to be found'.*
>
> *Commissioner Stephen King – Productivity Commission, Nov 2021*

In our own broader region, we have the biggest jail in Australia, the Clarence Correctional Centre run by Serco and many inmates are sent to Balund-a, a cattle farm near Tabulam for a 6-month rehabilitation program. If there were more such facilities the need to build more very expensive jails may be less. Certainly, there are other successful working models such as home detention with monitoring and intensive rehab programs around the world.

However primary health care is always vital for them to succeed and having access to Medicare would be helpful in this regard.

rTMS outpatient clinic now available

What is repetitive transcranial magnetic stimulation (rTMS) therapy?

rTMS therapy is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression.

rTMS outpatient process

Healthe Mind Bangalow's rTMS outpatient clinic allows patients to receive rTMS treatment with minimal disruption to their lifestyle.

Cost

A bulk billed initial assessment for rTMS suitability with Dr James Goldstein is available. Following an assessment patients can utilise the new Medicare rebate for rTMS treatments.

Medicare rebates are available for patients who:

- are aged 18 years and older
- are first time recipients of rTMS therapy
- have been diagnosed with major depressive disorder
- have trialled two different classes of antidepressant
- have had psychological therapy

How to access this service

To find out more and discuss the best options for your patients, please call Currumbin Clinic's day therapy programson 07 5525 9682. Referrals can be faxed to 07 5534 7752.

Healthe Mind
Bangalow

Level 1, Shop 3, 18 Station Street,
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General enquiries: 07 5525 9600

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Aurora

Transcranial Magnetic Stimulation

by Dr James Goldstein

It's unsurprising if you or someone you know finds themselves a little lost these days. Between fires, floods and inflation, many of us are wondering what will go wrong next. It is quite normal at such times to experience periods of sadness. It is part of the human experience.

However, the sustained strain of the pandemic has led to increasing numbers of people experiencing an overt major depression. This increased suffering has not gone unnoticed by those of us working with this population. In 2019-2020, a 35 year old antidepressant - sertraline- was the 10th most prescribed drug in Australia for the first time1. Last year it rose to 8th [2].

Whilst antidepressants have saved many from depression and suffering, they continue to have their limitations. We know that antidepressants have diminishing effectiveness with each successive medication trial[3]. By the time a depressed patient is on their forth medication trial, their chance of recovery drops to about 10%, and they will likely require medication augmentation strategies or polypharmacy. Antidepressants also have significant side effects, and unpopular ones as that. For example, half of patients on an SSRI will experience some form of sexual dysfunction[4].

Repetitive Transcranial Magnetic Stimulation (TMS) is a noninvasive procedure that uses magnetic fields to stimulate cortical neurons as a treatment for major depression. It emerged as a research interest in the 1990s, was approved for the treatment of depression in North America in early 2000s, and is now an accepted treatment of Major Depression in almost all international guideline for management of mood disorders.

Whilst accesses within Australia has been limited, the RANZCP endorsed TMS officially in 2018 position statement and Medicare has provided an Item number in November 2021, improving access to this treatment for most Australians'.

The basic principle of TMS is that pulsed magnetic field induces and depolarises neurones within specific cortical regions of the brain, altering synaptic plasticity with repeated treatments[5]. Functional imaging models have demonstrated a variety of dysfunctional brain regions in the depressed brain such as the dorsolateral prefrontal cortices (dlPFC) and limbic structures. Whilst TMS is only able to directly target the more superficial dlPFC – these regions communicate to deeper emotional centres through existing neuronal tracks. By correcting the PFC, there are secondary effects in the limbic systems, adding to the antidepressant effects of TMS.

TMS is generally a well-tolerated and well liked treatment. Patients are required to attend 5 days per week for at least 4 weeks, with each treatment lasting under 30 minutes. The patient is awake, does not require any special preparation and can drive themselves to and from each treatment. Side effects are mostly

mild and transient, and include headache, local scalp discomfort and light-headedness. The only serious side effects are seizure (<0.1%[6]) and retinal detachment which is rarer still.

Generally speaking, TMS is utilised for patients with a degree of treatment resistance in their depression. This is reflected in the Medicare criteria to access subsidised treatment, which requires a diagnosis of depression, a trial of two antidepressant for three weeks each (unless contraindicated) and some form of psychological intervention if appropriate. Notable, in the US only a single antidepressant trial is required. An additional challenge is that Medicare currently restricts TMS to those who have not had the treatment before, effectively excluding patients, even if they have previously had a good response to TMS. That being said, some patients can access the treatment via DVA and WorkCover funding streams.

From a practical sense, TMS is often utilised after 3 or more mediation failures, at which point a person is more likely to respond to a course of TMS than a 4th antidepressant. Of course, many patients decline antidepressants, and may wish to access TMS earlier in the treatment plan, noting the Medicare limitations above.

Whilst response rates vary, about half of patients may have a clinically relevant response, with about 30 percent experiencing remission. It is important to note that TMS is not curative. General recommendations are for patients to remain on antidepressant therapy as this tends to reduce the risk of relapse. Additionally, whilst not formally approved for treatment, there is emerging evidence for TMS in OCD and PTSD, so if this is co-occurring with a major depression, there may be even more benefits.

Whilst TMS is not going to be for everyone, there is something intuitive about treating depression – a condition of the brain – by directly targeting that organ system. Considering depression is an increasing problem worldwide, effective interventions that adds to our treatment options, and continues to provide hope for our patients, can only be a good thing.

Dr James Goldstein is an Addiction and General Adult Psychiatrist with a sub-specialist interest in Transcranial Magnetic Stimulation (TMS). He is the Director of TMS at Currumbin Clinic and the Chair of the Medical Advisory Committee. Dr Goldstein completed his medical degree at the University of London, before moving to Australia to undertake his psychiatric training.

References on website

Virtual Care

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NNSW LHD is embarking on an ambitious journey across the next five years to integrate Virtual Care across the health system.

Virtual Care (VC), also called Telehealth, is delivered in combination with face to face care across the patient's health journey.

What is happening now?

We are developing a VC Strategy and Action Plan to guide implementation of short, medium, and long-term goals by 2026.

Short-term goals include educating our staff, rolling-out VC models across outpatient services and building our technical foundations.

Medium-term goals include partnering to design remote monitoring, and our long-term goal is working towards integration of technologies and systems.

Partnering to improve care in the community

Future planning for remote monitoring includes coordination of care in partnership with patients and their GPs. The benefits include:

- Improving discharge planning for patients with chronic disease
- Enabling patient self-managed care and autonomy
- Improving medication management and other treatments
- Coordinating access to specialised care
- Supporting end of life discussions

Highlighting VC in Community Health

Community Health is actively using VC. Notably the Dementia Outreach service, Cardiac Rehabilitation service, Palliative Care service and Virtual Covid Care.

Clinicians use VC in combination with face to face care to benefit patients:

- Improving choice with care delivered regardless of location
- Reducing unnecessary travel and associated costs
- Improving access for patients in rural and remote areas
- Reducing stress and disruption to everyday life
- Improving health literacy, links carers and families, interpreter services, and primary care providers
- Supporting patients who choose to die at home

Tweed Cardiac Rehabilitation team providing virtual exercises.

Going beyond an eReferrals trial in NNSWLHD

Tim Marsh – Manager – eHealth Solutions

Ph: 0266 200829

Email: Timothy.Marsh@health.nsw.gov.au

GPs in Northern NSW may be familiar with Northern NSW Local Health District's (NNSWLHD) eReferrals service. Commenced in June 2020, it made eReferrals available on a trial basis to the Lismore Base Hospital Medical Specialty Outpatient Department, the Pain Clinic, and some Community and Allied Health services. At the same time, the LHD started using a basic Referral Management System to receive and respond to eReferrals.

In the past two years, over 4,000 eReferrals have been sent by GPs, and GP and LHD staff feedback has been overwhelmingly positive.

Based on the success of this trial, NNSWLHD was selected as a pilot district to help design and build a NSW state-wide electronic Referral Management System ("eRMS"). The eRMS will combine all external referrals – fax, eReferral, phone, paper, walk-in – in one place so all referrals are managed consistently and to help reduce the use of paper.

NNSWLHD built a secure, innovative AI-based solution in the LHD's private Azure Cloud to handle faxed referrals. Fax documents for services included in the project are digitised, analysed (using Microsoft's AI-based Forms Recognizer Optical Character Recognition ("OCR") tool and based on a custom NNSWLHD model), then either sent to the eRMS or a service's generic email for non-referrals.

A key component of the fax process involves the use of NNSWLHD's new Fax Referral Cover Sheet, which has been required for all faxed referrals to NNSWLHD Outpatient, Community and Allied Health services since August 1, 2022.

As well as standardising the information the LHD receives for all external referrals, the cover sheet means all required fields

are automatically transcribed into the eRMS with limited human input, saving substantial administration time. This amounts to 5-10 minutes per referral, which is time administration staff can spend on other tasks, like calling and booking patients.

Ideally, the LHD would prefer to receive eReferrals as they are faster for referrers to send and more secure. However, fax needs continued support in the near to medium term as it continues to be heavily used by referrers, even to LHD services which have had eReferrals available for two years.

The Project Lead for NNSWLHD Tim Marsh said, "Fax has been around for a long time and is easy to use at both ends. We think successfully switching to eReferrals will depend on two main factors: firstly, more LHD services being made eReferral-capable, and secondly, time. It will take time for the LHD to extend eReferrals to more LHD services, and pair that with communication to GPs to help shift their usual process of writing referrals to the LHD from "Letter Writer" and instead remember "referrals to the LHD are via eReferrals."

The eRMS positions Northern NSW Local Health District to extend eReferrals and electronic referral management to more services pending a local evaluation. This means GPs will have access to more LHD services via eReferrals over time and allow referrers and the LHD to lessen the reliance on fax for referrals.

Patient Reported Measures

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What are Patient Reported Measures (PRMs)?

Patient Reported Measures capture what matters to a patient in their life. It enables the patient to provide direct timely feedback to their healthcare professional about outcomes and experiences that are important to them. It also enables a consistent and structured method to capture and use Patient Reported Measure Outcomes and Experiences in real time. This information will also support services to identify opportunities to improve outcomes overtime.

The acronyms you need to know!

PRMs - Patient Reported Measures

> *"Providing a sustainable health system that delivers outcomes that matter to patients, is personalised, invests in wellness and is digitally enabled"*

Quick Facts

PROMIS29:

What is it?

A health-related quality of life PROM consisting of 29 questions

What's it for?

To provide an overall summary of Physical, Mental and Social well being

What does it measure?

Seven health areas:

- Physical function
- Fatigue
- Pain interference
- Pain intensity
- Sleep disturbance
- Depression
- Anxiety
- Ability to participate in social roles and activities

Why is it useful?

- Identifies and formalises the patient's own health perceptions
- Measures change from a patient's personal perspective
- Helps prioritise rehabilitation goals that are most important to the patient
- Identifies areas of need that may benefit from additional support or referral

How is it calculated?

Via the HOPE platform (The system used to store and manage the online surveys) with results available for clinicians in real-time.

Clinician Story

> *"PRMs provide a great simple visual indication of areas of improvement to share with clients along their treatment [and] a great opportunity to discuss anxiety and depression symptoms with clients and suggest referral to social work for appropriate support.*
>
> *I am really keen to get PREM responses from my client group in order to evaluate the service"*

What Next?

Plans for late 2023 will include the full integration of PRMs into eMR/CHOC. This will significantly improve the usability, accessibility and integration of PRMs throughout the health system.

continued on P38

continued from P37

Following this, future plans are being made for integration into the desktop clinical software – Best Practice and Medical Director. GP's will have the opportunity to add their patients from their practice and can view completed surveys that may have been completed in other health settings, i.e. LHD.

PRMs follow the patient and General Practice is a key partner in the patient's health.

Osteoporosis Refracture Prevention

Craig Knox - Fracture Liaison Coordinator

Ph.0266 240378

Email: **Craig.Knox@health.nsw.gov.au**

In 2018, the then PHN (now Healthy North Coast) and Northern NSW Local Health District (NNSWLHD) formed an interdisciplinary synergy to trial a novel GP-led model of care for Osteoporosis Refracture Prevention (ORP) for bone health management after Minimal Trauma Fracture (MTF).

People over the age of 50 presenting to Emergency Departments with a MTF in the Richmond Network were referred by a Fracture Liaison Coordinator to their GP for bone health investigations and ongoing management.

From December 2018 to 2020, 665 patients with MTF were referred to their GP, 645 (97%) were reviewed, and 389 (60%) initiated Bone Protective Therapy (BPT). At 12 months, 351 people (90%) remained adherent to BPT, and 6% had endured re-fracture. 189 GPs were engaged in ORP assessments with wide geographical coverage.

So far, the trial has shown that this novel collaborative model between general practice and a hospital-based Fracture Liaison Coordinator provides an alternative to tertiary specialist-led clinics, showing a high level of acceptance and BPT adherence by patients. Longer-term outcomes and comparison to specialist services should be explored.

Health care stakeholders and service providers are currently being interviewed to examine how and why this model of care has been so successful in this regional area. There will be a follow-up article revealing the results of these interviews.

A big thanks goes to all GPs who ably responded to the communications from the Fracture Liaison Coordinators. Patient care appears timely and effective for this cohort during this proof of concept phase.

A future for clinical trials in the Northern Rivers

An open invitation for GPs and health clinics to collaborate with research has been issued by the **National Centre for Naturopathic Medicine**'s (NCNM) Clinical Trials Unit.

An initiative of **Southern Cross University**, the NCNM is Australia's first National Centre for Naturopathic Medicine. It was officially opened mid-2020, at a time when the need for solid research into natural medicines, supplements and lifestyle modifications was clear.

Associate Professor Romy Lauche

Geared towards furthering scientific research and delivering better patient outcomes, NCNM is focused on evidence-based practice, critical enquiry, and clinical reasoning in the field of natural medicine.

The Clinical Trials Centre was launched in May 2021.

Headed by the Deputy Director of Research, Associate Professor Romy Lauche, the Centre is currently conducting trials on the efficacy of cannabidiol (CBD) for sleep disturbances, whether Kefir has any impact on one's microbiome, and if a specific over-the-counter herbal formula can help with menopause symptoms. They're also analysing a weight-loss regime, combined with a supplement. Some of these trials are currently open for participants, with new trials following soon.

'Overall, we are growing a more robust body of evidence by conducting rigorous and relevant research that has real-world impact for communities in Australia, and around the world," said Associate Professor Lauche.

A prolific researcher with a background in psychology and the intersection between mind and body, A/Prof Lauche has published over 170 peer-reviewed journal articles and several book chapters.

'It's a pretty interesting field to be in, there are so many areas that haven't been researched well-enough yet, despite clear evidence that people are using these therapies. We are doing a lot of clinical trials on products at the moment, but one of my most loved interests lies in non-pharmacological therapies and self-care.'

A/Prof Lauche cites a randomised controlled trial and study she co-authored, on osteoarthritis of the knee, in which cabbage leaf wraps were found to provide significant relief to some participants.

Another recent study on non-pharmacological therapies examined the effect of partner delivered relaxation massage on pregnant women. The partners were taught a gentle massage technique which they delivered twice weekly.

In addition to initiating independent research, the Centre works with students on their research and methodology skills, and offers clinical research programs that can link to industry partners. Local industries like tea tree and hemp offer ample opportunities for exploration.

'Whenever someone wants to make a claim about a product it has to go through the TGA and the TGA wants to see independent research on the product, so that's what we offer. We develop the protocol, run the trial, analyse the data and provide the reports. All of our processes follow national and international practices,' said A/Prof Lauche.

'The future vision is that the Centre's researchers will be able to undertake trans-disciplinary research from beginning to end, and all testing from the plant to the patient, "Harvest to Health".

Regional and rural Australia are really disadvantaged when it comes to clinical trials, so we want to work with local doctors to ensure both the trials and the dissemination of research in the local community is successful here. We want the community to be able to test out new products and medications they otherwise wouldn't have access to.'

The Centre is currently running trials in Lismore, Gold Coast, Sydney, Melbourne and Brisbane with local partners, and developing collaborations with the Local Health District, Griffith University and the Gold Coast Hospital.

Browse the current NCNM trials and check your eligibility today.

Southern Cross University

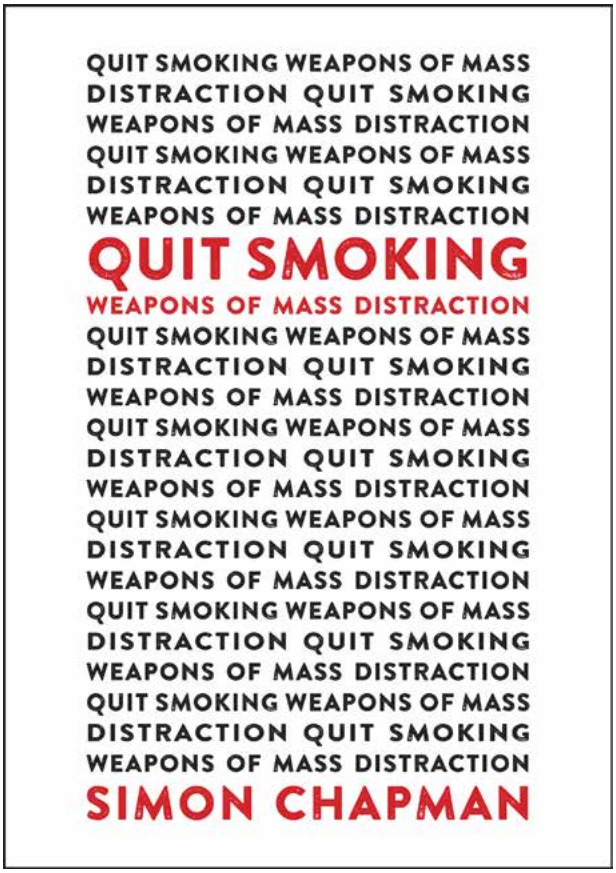
The Bookshelf

by Robin Osborne

Quit Smoking - Weapons of Mass Distraction

Dr Simon Chapman

Sydney University Press 359pp. Published as an e-book ($4.99 on Amazon) and paperback ($34.99)



From a night-riding graffitist of cigarette posters with Billboard Utilising Graffitists Against Unhealthy Promotions (B.U.G.A.U.P.) in the 1970s, to a semi-retired public health academic, Simon Chapman has conducted an unmitigated campaign against the tobacco industry. He set the tone with his PhD thesis titled Cigarette advertising as myth: a re-evaluation of the relationship of advertising to smoking and despite considerable headwinds has held the course.

Chapman's latest work is a detailed focus on yet another con associated with the world of smoking, namely that nicotine is so addictive that kicking the habit is impossible without interventions of some kind, mostly provided by the pharmaceutical industry at considerable personal or public expense.

Historically and medically this has never been necessary: "If we were able to estimate the total number of people who have ever smoked and the total number who later stopped smoking completely, the proportion who were assisted in quitting by the actions of any kind of therapist or interventionist, or by consuming a potion, a pill or nicotine replacement (pharmaceutical, or most recently, from e-cigarettes) would be a small minority."

Generously, the book's introduction is made available as a **free download** at USydney Library.

He urges us to "reflect on the huge rhino in the room of smoking cessation: that there have long been more ex-smokers than smokers, that most of them have quit unassisted and that they all were motivated to stop smoking by a complex synergy of factors that played out over years, not just in the final days or weeks before they ended their smoking."

These factors are discussed at some length and a convincing case is mounted for widespread strategic change in society's campaign to progressively end the single most preventable cause of death and serious illness.

Predictably, vaping (with nicotine containing content) also raises its head, promoted by vested interests as a 'safer' method of smoking and now available to approved, and no doubt very insistent, patients on prescription.

He writes, "Today the dominant narrative about smoking is being undermined by a shift from one about quitting smoking to one about switching to vaping, to the great delight of those in the industries whose very existence rests on the widespread continuation of nicotine dependency.

"Vaping advocates are fond of arguing that because nicotine is freely available in tobacco products, it follows that nicotine for vaping should enjoy at least the same, if not more accessibility and be freely sold almost anywhere. This argument has all the integrity of a chocolate teapot."

Decades after his first activism on smoking, Chapman is still giving no free kicks to the tobacco industry, writing, "All tobacco companies now marketing e-cigarettes are delighted to [promote vaping as all but benign], while just down the corridor in their tobacco divisions they continue trying to maximise demand for the cigarettes that will cause the same billion deaths [this century] they claim vaping could prevent."

In short, the best way to stop smoking is to stop smoking, an action no one suggests is easy but no sensible person could call ill advised.

While the book's title suggests a focus on the value, or otherwise, of quit smoking strategies, this is also an account of the author's unique journey to promoting cessation. It is also highly readable and strongly recommended.

So You Want to Live Younger Longer?

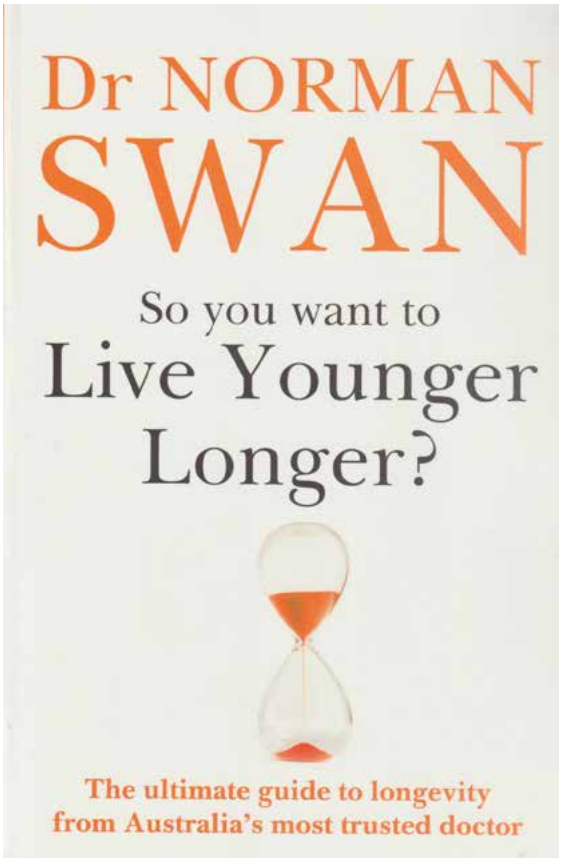
Dr Norman Swan
Hachette 307pp

Perhaps the indefatigable Dr Norman Swan rarely sleeps, for here he is again, amidst his hosting of ABC Radio National's The Health Report and co-hosting the Coronacast podcast, with a follow-up to last year's *So You Think You Know What's Good For You?*, also **reviewed** on these pages.

The telling question mark at the end of both titles may well produce a different answer.

In the case of this book that is likely to be a resounding yes, given the known links between longevity and morbidity. Who doesn't want to keep well in later life?

While most might also answer in the affirmative to the question posed by the first book, the fact is that much of what we think we know is likely to be wrong. That book sought to set us straight while this one goes even further.



Boldly sub-titled "The ultimate guide to longevity from Australia's most trusted doctor", Dr Swan's latest effort is another roadmap to healthier living, ranging from exercise and good eating to stopping smoking, having the right medications, being immunised, managing stress, looking after the brain, avoiding pollution, and more.

As he puts it, "The bottom line... is that how and where you live count for a lot."

Exploring the global context, he explains that a nation's wealth can be less a driver of wellbeing than factors such as education: 'It's been estimated [in India, for example] that a 10 per cent gain in the level of literacy has four times the effect on extra years of life expectancy than a 10 per cent gain in national income."

Our unconscious life is another key to better health, which means getting enough of the right kind of sleep. One only hopes the good doctor does!

Too little or too much has been associated with dying prematurely from several causes, Dr Swan writes, with the 'Goldilocks spot' being around seven hours a night, although this assumes a good quality of sleep which in turn depends on various factors, for example the quantity and times of evening meals, larger and later ones not being advisable.

'When it comes to living younger longer, research suggests that being a morning person is better, which is tough news for evening people and night-owls because your chronotype is hard to change.'

Night-owls, for instance, have been found to experience a higher rate of diabetes and heart disease, with more chronic illnesses and psychological issues and about a 10 per cent increased risk of dying from any cause.

Encouragingly the importance of having a trusted and liked GP is key advice for everyone from their 20s onwards, although he cautions against having annual check-ups for their own sake, adding there's little if any evidence that they make a difference and can actually have potential for harm.

One piece of advice that may seldom pass a GP's lips is to "keep your bullshit meter on high alert". For example, money spent on anti-ageing supplements might be better used buying a Mediterranean cookbook or taking guitar lessons to expand the brain: 'Harder work than swallowing a pill but far more likely to have an effect.'

This neatly sums up the book - living longer while maintaining reasonable health may entail considerable effort but the payoff is likely to be feeling, if not actually being, younger in years.

Long stay medical students from the University of Wollongong welcomed to the North Coast.

At the end of July 2022, 19 University of Wollongong (UOW) medical students were welcomed to the North Coast. Their long stay placements are occurring across the whole Northern Rivers footprint, from Murwillumbah to Lismore and down to Grafton, including many places in between.

GP and hospital preceptors have supported the various orientation programs across the UOW student hubs to ensure students are educated in NNSWLHD and GP processes and site specific compliance requirements.

Given the recent flooding events impacting all levels of community, across the whole region, a talk for the students at UCRH Lismore was hosted by psychologist Ben Schiller, “Understanding trauma and the impact of natural disasters

UOW Lismore Hub- L-R Akshan Keenoo, Evangeline Armstrong Gordon, Alice Harper, Emma Schneider, Jerusha Paul, Hannah Mullens, Maire Playford, Bronte Horsley and Rose McGowan.

on the community". The students will have direct contact with patients, communities, peers and clinicians during their 12-month stay and it is important these students have an understanding of the impact the 2022 natural disasters continue to have on the region.

UOW Grafton Hub – L-R Narayan Khanal, Robert Kelsey, Shannon Woodhead and James Loomes

Thirteen of the Lismore and Grafton students also attended an Aboriginal Cultural Immersion Day led by UCRH lecturer Dr Marcelle Townsend Cross. Students were engaged in discussion on the impacts of colonialism on the Aboriginal and Torres Strait Islander people of Australia. Some of the discussion was focussed on providing students with a better understanding of past government history and its effects, discussing Stolen Generations, learning about different concepts and perspectives of health from a consumer and provider of care, racism and stereotyping, its effects and more. Students also went on to Country and discussed local history and landmarks. The afternoon ended with clay tile making; art which will adorn the edible bushtucker garden at the UCRH.


UOW Murwillumbah Hub - L-R Jessie Woods, Lindsay Kotmel, Arrutran Nanthakumar, Keanne Santos and Veronica Nockles.

The Murwillumbah hub group of five enthusiastic students this year are ready to immerse themselves in their allocated general practices, the Murwillumbah District Hospital and the local community. During orientation week they covered practical workshops such as a gowning and gloving competency for surgery, cannulation and venepuncture, intravenous fluids, eMeds & eMR2 training, and infection control. The students also toured the hospital and had an in depth tour of the Emergency Department.

The Murwillumbah students enjoyed dinner and a big bonfire at the home of their Regional Academic Leader, Dr John Moran, and were able to finish their orientation week with a walk around the Tweed Regional Art Gallery and a coffee on the verandah while enjoying the beautiful landscape.

The UOW hubs comprehensive welcome and orientation programs are designed to enable the students to not only expand their medical knowledge and skills but also to develop support systems in their new work and home environments to ensure they all succeed.

**On the NSW North Coast, the UOW medical program operates in partnership with the University of Sydney and Western Sydney University as part of the North Coast Medical Education Collaboration.*

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