



# Newsletter

December 2012

## SCLMA President's Message .....

**Dr Rob Ingham**



### **MERRY CHRISTMAS!**

I wish all members of the medical fraternity and their families a safe and Merry Christmas.

Please note there will not be a January newsletter or LMA meeting.

Due to some ongoing, pressing issues we will be holding a January committee meeting. Similarly the GP steering committee will be meeting with Mr Kevin Hegarty, and administration staff from NGH to progress GP referral issues already raised. The committee will also commence a liaison process with some heads of department to further fine tune the referral templates.

Recently a sub committee undertook a comprehensive analysis of the GP referral guide available through Focus Health Network .All sections were critically appraised and feedback provided to Nambour General Hospital.

GPs acknowledge and appreciate the high level of care our patients receive when they attend outpatients at NGH.

We are also cognizant that all GP referrals need to be of a quality that provides the hospital with enough relevant information to facilitate appropriate triaging. The present system leaves GPs confused and frustrated and we hope that we will be able to deliver a simplified process.

There appears to be increasing concern over budget cuts to Queensland Health and the impact on hospital staff. These cuts are being facilitated through Hospital Boards thus softening direct Government involvement. I feel that the LMA should be monitoring this process to ensure that the Governments promise of no impact to patient care will be achieved.

I have received an enquiry regarding the difficulties faced by doctors, in private practice (particularly less experienced doctors), in dealing with "drug seeking patients". The Nambour General Hospital drug dependency unit has kindly provided some pertinent information and I will endeavour to include in this or the subsequent newsletter.

I look forward to 2013, and the challenges the New Year will bring.

Rob Ingham

*The Sunshine Coast Local Medical Association  
sincerely thanks  
Sullivan Nicolaides Pathology  
for the distribution of the monthly newsletter.*



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### **HIGHLIGHTS:**

- P 4: Kevin Hegarty - Health Service Link
- P 6: Summary - November Clinical meeting
- P 9: Dr Alex Markwell - AMA Qld President's Report
- P 13: Case Study - Pacific Radiology
- P 14-15: Dr Clive Fraser - Motoring article
- P 17: Dr Wayne Herdy - AMAQ Councillor
- P 20: Minutes - October 2012 meeting
- P 27: Classifieds

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The Sunshine Coast Local Medical Association welcomes contributions from members, especially *'Letters to the Editor'*.

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## *NO NEWSLETTER IN JANUARY 2013*

**FEBRUARY NEWSLETTER**  
**Deadline Date for February**  
**newsletter will be Friday 8th**  
**February.**

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*We welcome new content - case studies, local news and photos. If you are a new member, send in a short bio and a photo to introduce yourself.*

*The Committee wishes all SCLMA members, their families and friends a restful, safe and happy festive season.*

*We look forward to meeting again in the New Year.*

## **ARE YOU A MEMBER?**

If you are not a member please complete the application form in this newsletter.

You will need two proposers to sign your application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself

**Enquiries: Jo Ph: 5479 3979 or 0407 037 112**

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**2013**

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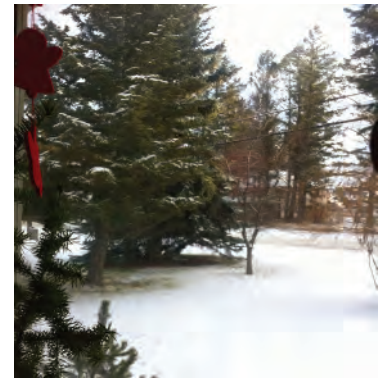




## Editors Corner

*This is the last entry of the year. Jo is in Canada with family never forgotten but long last seen.*

*The regular newsletter contributors have been diligently sending in their last December columns. This month's editor's column is for you the regular contributors.*



*I thank you on behalf of the membership and the committee for consistently every month meeting the print deadline. Life is busy and the weeks fly by and yet each month you keep us informed and entertained with your regular columns.*

*My knowledge as editor has grown; I keep abreast with local medical politics and updates through the president's report, Kevin Hegarty's hospital column, Alex's AMA entry, the Councillor's report and the GP liaison group report.*

*Michael's wine column takes me to Burgundy and back and then onto Dan Murphy's.*

*Clive has been writing the motoring column well before I was a boy. May he continue till I am well and truly an old man.*

*Our sponsors keep us financially viable and I thank you for that.*

*We have a new committee, we have more energy so let's bid 2012 farewell and welcome in 2013.*

*Be safe, Drive safe, Fly safe and all the best for the festive season.*

*Bon Voyage.*

*Marcel Knesl*

*PS. Pork Belly and Luv-a Duck is almost ready- Spirit House recipe. See you in 2013*



Attendees at the November Clinical meeting. Left: Drs Nigel Sommerfeld and Logan Stuckey.  
Right: Dr Byron Oram (see his case study in this newsletter) and Dr Courtenay Tiffen.

# HEALTH SERVICE LINK - DECEMBER 2012

*with Kevin Hegarty*



As has been noted in recent editions of this newsletter, considerable efforts have been made to improve the content and value of communication issued by the Hospital and Health Service to referring doctors. To say the process of managing such communication is complex, is a significant understatement.

The current systems and letters that are produced are the result of the development over time of QH policies and procedures, together with a range of agreed processes that were developed in association with General Practice Queensland (GPQ).

The recent meetings that have brought together the Medicare Local, Focus Health Network, the Sunshine Coast Local Medical Association and the Sunshine Coast Hospital and Health Service, have been directed at making sure we take full advantage of the current opportunity to break away from the formerly state-wide proformas. I thank all for their involvement and commit to this ongoing process.

Another body of work that is currently occurring is the issuing of the latest version of our referral guidelines. This contains suggested work-ups for the patient referrals by speciality.

An associated issue to referrals is of course that topic that is always certain to generate interest, named referrals. I still remember vividly when I dedicated a column to this topic a number of years ago it generated more response than any other column I have ever written for the SCLMA newsletter. The realities of the environment in which public health services operate are such that we depend on the funds generated through our ability to bulk bill our outpatients as well as inpatients who elect to be treated as private patients. Funds generated through these practices are essential to allow us to provide these and other clinical services. We are committed to ensuring that all processes associated with these practices are in strict accordance with Medicare and other requirements.

One achievement that has not received widespread acknowledgement was the recent announcement that Dr Ted Weaver, not only was selected by the Sunshine Coast University of Queensland Clinical School students as a local recipient for excellence in teaching, but has now also been announced as the overall 2012 Queensland University Medical School award winner for excellence in teaching. For those of you who know Ted this will come as no surprise given his long standing personal commitment to teaching.

I would like to take this opportunity to extend on behalf of the Hospital and Health Executive Leadership Team and staff, best wishes for the Festive Season and look forward to a successful and rewarding 2013.

Kevin Hegarty, Health Service Chief Executive  
Sunshine Coast Hospital and Health Service  
Kevin\_Hegarty@health.qld.gov.au





*QML Pathology was the sole sponsor for the excellent November Clinical meeting.*

*A full summary of the meeting is on the following pages.*

*Are you interested in presenting or sponsoring?*

*Please contact Jo : email [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au) or 0407 037 112*

*and your interest will be forwarded to the new Meetings Convenor - Dr Scott Masters.*

## Fine Needle Aspiration (FNA)



QML Pathology offers a local FNA procedural service performed on palpable lumps and lesions from our procedural rooms.

These procedures are undertaken by a Pathologist at our Lyderim Collection Centre on Lyrebird Street.

With the benefit of on-site assessment of the specimen during the procedure, sample adequacy and appropriate triage of the specimen are optimised.

The Pathologists providing the palpitation-guided FNAs have many years of experience with this technique.

For appointments or to discuss the procedure further with one of our on-site Pathologists, please phone (07) 5441 0200.



## Introducing...



## Dr Bhavesh Patel

Paediatric Surgeon  
MBChB (Otago, NZ), FRACS

Dr Bhavesh Patel recently commenced private practice at Nambour Selangor Private Hospital.

Dr Patel was brought up in New Zealand and trained in the major centres within Auckland, Wellington and Hamilton before moving across to Australia and completing his training in Brisbane and Sydney.

He was appointed as a staff specialist paediatric surgeon at Royal Children's Hospital, Mater Children's Hospital and Nambour General Hospital in February 2011. Together with Dr Peter Borzi he aims to improve paediatric surgical care in the Sunshine Coast region.

His interests are in minimally invasive surgery, general paediatric and neonatal surgery and urology.

He is a keen teacher and is an active senior lecturer with the University of Queensland School of Medicine, a faculty member of the Academy of Surgical Educators with the Royal Australasian College of Surgeons and a co-founder of the Australasian Paediatric Surgery Research Interest Group.

## Contact Details

**All appointments:**  
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62 Netherton St, Nambour Qld 4560

**Phone: 5441 6477**

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# SCLMA NOVEMBER 2012 CLINICAL MEETING

***‘More than just guts – a night of gastroenterological case discussions’***

***Cotton Tree Gastroenterology ....***

***Dr Hans Seltenreich, nurse practitioner  
Stephanie Buckton and Dr Don Walker.***



Nurse practitioner **Stephanie Buckton** and gastroenterologists **Drs Don Walker** and **Hans Seltenreich** spoke at the November educational night of the Local Medical Association on the 27.11.2012

**Don Walker** opened the night with some general remarks about gastroenterology on the Sunshine Coast. He pointed out that how delighted he was about new partners coming on board in his Cotton Tree based gastroenterology business that has serviced the Sunshine Coast community for almost 25 years. He welcomed both Dr Hansjorg Seltenreich Consultant Gastroenterologist and Interventional Endoscopist and Stephanie Buckton Gastroenterology Nurse Practitioner.

**Stephanie Buckton** gave the first talk of the night, discussing a case of a 37 year old female smoker with longstanding history of Crohn's disease complicated by perianal fistulizing disease. In November 2010 the patient was first referred to our service with bloody diarrhea, abdominal pain and a chronic perianal fistula. Her treatment prior to referral consisted of Mesalazine 1g/day, previous drainage of perianal abscess and repeating courses of Prednisolone when flaring up. She had not seen a Gastroenterologist for many years.

The key points of her talk were:

- Longstanding use of steroids must be avoided due to their well documented and irreversible side effects
- Mesalazine and Sulphasalazine are not indicated or active in Crohn's disease
- Steroid sparing agents such as thiopurines or Methotrexate are indicated in steroid dependant or refractory disease, and in the case of non response, anti – TNF alpha agents (Infliximab, Adalimumab) help obtain and maintain clinical and endoscopic remission in both luminal and fistulising Crohn's disease.

In 2011, the patient fell pregnant, ceased her medications against medical advice causing a flare of her Crohn's in her early pregnancy. She required surgical drainage of a perianal abscess and re initiation of her medical therapies, including Adalimumab, antibiotics and a thiopurine. Stephanie underlined the importance of optimal management to achieve the best possible outcome for the mother and the baby.

- Pregnancies should be planned as patients with active disease in particular in the first trimester risk deterioration of their disease which carries an increased risk of miscarriage.
- Drugs like 5-ASA, corticosteroids, thiopurines and anti-TNF alpha agents are safe during pregnancy and breast feeding (Gut 2006;55:i36-i58) but live vaccines are contraindicated in the neonate of a mother receiving anti-TNF alpha agents during pregnancy for 12 months.
- Methotrexate, Thalidomide, Sulfonamides and Tetracyclines are contraindicated during pregnancy

The patient went into clinical remission and gave birth to a healthy baby boy by planned elective cesarian section. She remains in clinical remission on Adalimumab and is currently pregnant with her second child. Stephanie Buckton concluded that patients with chronic inflammatory bowel disease (IBD) are best looked after by a multidisciplinary team involving the GP, nurse practitioner, gastroenterologist, a dedicated, experienced surgeon and by an obstetrician in case of pregnancy.

In the second part of the evening **Dr Hans Seltenreich** spoke about cases of pancreatobiliary disease. Bile duct dilatation / obstruction was the leading symptom in all cases discussed.

The first case was a patient with longstanding ulcerative colitis (UC) and primary sclerosing cholangitis (PSC), the second patient suffered from a small distal cholangiocarcinoma.

- 90% of patients with PSC suffer from ulcerative colitis, but only 5% of all UC patients will develop PSC
- Patients with PSC have a 15% lifetime risk for cholangiocarcinoma
- Smoking and alcohol are risk factors for cholangiocarcinoma
- Patients with PSC and UC have a higher risk of developing colorectal cancer and as such require annual screening colonoscopies.
- The diagnostic challenge to differentiate between a benign, dominant common bile duct stricture and a cholangiocarcinoma was pointed out
  - Tumour markers are NOT helpful to differentiate between malignant and benign disease, unless massively raised
  - MRCP, MRI and triple phase CT are the imaging modalities of choice
  - Tissue samples via ERCP, Endoscopic Ultrasound (EUS) can be obtained

A patient with obstructive jaundice, weight loss and malaise was the last case discussed on the night.

All diagnostic results pointed towards pancreatic malignancy. EUS though showed a lesion of the pancreatic head with biopsies not revealing malignancy. The patient underwent a Whipples procedure and histology showed autoimmune pancreatitis (AIP)

For more information: *World J Gastrointest Surg.* 2012 July 27; 4(7): 185–189

- The incidence of AIP is underestimated
- Recurrent pancreatitis, jaundice and typical imaging (sausage shaped pancreas on CT scan, irregular narrowing of the pancreatic duct) are common signs
- AIP is mostly a systemic disease with raised IgG4 levels in blood tests
- AIP can be diagnosed on tissue samples with specific IgG4 stains
- Most cases respond to Steroids with complete remission
- Azathioprine or Mycophenolate Mofetil are used as maintenance therapy

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Gastroenterology Nurse Practitioner **Stephanie Buckton**, and **Dr Hans Seltenreich** practice out of the *Cotton Tree Gastroenterology Group* at Cotton Tree, Cnr The Esplanade/2<sup>nd</sup> Ave and at Nambour General Hospital.

**Dr Don Walker** consults and operates out of the rooms and day surgery at *Cotton Tree Gastroenterology Group*. Dr Hans Seltenreich has visiting rights at Buderim Private and Selangor Hospitals.

**Stephanie Buckton** is highly specialized in the treatment of inflammatory bowel disease.

**Dr Hans Seltenreich** is highly specialized in inflammatory bowel disease, endoscopic procedures and interventional gastroenterology (ERCP, stenting, dilatations, PEG insertions) and **Dr. Don Walker** has decades of experience in endoscopic procedures and inflammatory bowel disease and has a particular interest in hepatology.



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*Introducing...*

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## **Dr Jon Dick** Orthopaedic Surgeon

Dr Jon Dick has commenced private practice at Nambour Selangor Private Hospital.

He grew up on the Sunshine Coast and obtained his undergraduate training in Dublin, Ireland. His orthopaedic training has been based in South East Queensland, working predominantly at the Royal Brisbane and Women's Hospital and The Prince Charles Hospital. The last four years have been spent working as a full time consultant orthopaedic surgeon at Nambour General Hospital.

Dr Dick is a general orthopaedic surgeon. He has special interests in lower limb arthroplasty and foot and ankle surgery. He is a member of Sports Medicine Australia. As an associate lecturer with the University of Queensland, he gets the opportunity to teach medical students.

He looks forward to providing your patients with tailored quality care.

### *Contact Details*

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# AMA QUEENSLAND - PRESIDENT'S REPORT

**Dr Alex Markwell**

Dear Members

As you may be aware, the Health Minister has asked the Auditor-General to undertake an audit of the different private billing practices within Queensland Health. This review will be looking at processes and identifying areas for improvement which can be clarified.

AMA Queensland does not believe the Auditor-General will be undertaking specific investigations of individuals but may refer specific cases of potential illegal activity to the CMC for investigation, as is appropriate. At this stage, AMA Queensland is not aware of any substantiated allegations but we endorse the full and appropriate investigation of any inappropriate or illegal dealings.

AMA Queensland is keen to ensure there are consistent and transparent billing practices in place and as such, we support this review of processes to ensure that patients, doctors and administrators have confidence in the system.

The current debate around public hospital billing procedures is also a timely opportunity to remind AMA Queensland members to be aware of their rights and responsibilities regarding Medicare billing in Queensland Health hospitals. For more information, visit the AMA Queensland website:

**[www.amaq.com.au](http://www.amaq.com.au)**

Recent weeks have also brought some updates on the ongoing shortage of positions for interns and junior doctors in 2013.

The Director-General has advised that Queensland Health (QH) will be funding an additional 18 interns to commence in 2013 in conjunction with the Commonwealth who will fund an additional 40 interns in Queensland in the private sector.

All 18 interns will be recruited from the pool of Queensland International Full Fee Paying (IFFP) medical graduates who have not yet received an intern offer for 2013. Queensland Health is also considering options for a return of service obligation from the 18 additional interns. The Commonwealth will most likely seek a return of service of one year from the 40 intern positions they are funding for 2013.

There are currently 76 priority four candidates who have not yet been offered an internship with Queensland Health for the 2013 clinical year.

Priority four candidates are medical graduates of Queensland universities who are overseas permanent residents or overseas citizens, other than New Zealand citizens and are permitted to remain in Australia for internship.



As of the end of November, there were still 209 junior doctors who were currently employed by Queensland Health who had not received job offers for 2013. HHSs are still finalising their recruitment of junior doctors for 2013 and the Director-General has encouraged them to provide *Letters of Good Standing* upon request to junior doctors who are unsuccessful in securing positions for 2013.

There may still be some further opportunities via flexible work options such as job-sharing and part-time positions and potential positions in regional areas, such as where locums are currently appointed. Again, we have asked for HHS Boards to be made aware of the availability of these doctors in training for these positions where appropriate.

We will continue to update members as information becomes available via our website [www.amaq.com.au](http://www.amaq.com.au). Please contact our membership team if you have any further queries [membership@amaq.com.au](mailto:membership@amaq.com.au)

These challenges will carry over to the New Year but AMA Queensland is committed to supporting doctors and will continue to voice our concerns on behalf of members.

I would like to take this opportunity to thank you for your ongoing support and wish everyone a safe, healthy and happy holiday season.

Kind regards

Dr Alex Markwell  
President, AMA Queensland



## Start the New Year with a fizz !!



If the drink in your hand is cold, wet and got bubbles, your fingers smell of prawns and the outside temperature is about 28 degrees at 10 pm and the humidity is 95%, then there is a fair chance that you are celebrating New Years Eve in Queensland. Let's face it; it's just too dam hot to eat a big roast and chew down a heavy jammy Shiraz (we did that a week ago). Well at least that's my theory and I will be giving those bubbles a tidy thrashing.

Looks like this year I will be slaving at the coal face over the festering break. That's ok as I have had a few off in the last few years. Looks like we will close at 3pm and that means actually boot the last patient out, who has had that urgent need of reassurance about the gut ache they have had for 3 months about 4:30.

My co-workers embrace; pleasantries exchanged, and then speed like demons, never looking back as the curse of possibly seeing the pharmacist waving madly with an unsigned script enters your rear view mirror.

Home at last 5pm. But it's not straight into the moonshine yet. The first bubbles drink should help lay the foundations for the evening. A 500 ml bottle of San Pellegrino with ice and lemon awaits. One must prepare like an athlete as the ensuing 8 hours will be not for the faint hearted.

Start the assault with a cleansing brew. VB is not cleansing, more cleaning. It's strange how our evolving palate has embraced those foreign beers that originally were something akin to making love in a canoe. Now full flavoured beers from breweries centuries old are prevalent. Karlovaco Lager from a 157 year old brewery in Croatia looks good with a light golden honeyed malty nose will do the trick.

My daughter has wrapped some peppered avocado with smoked Petuna ocean trout to line the belly; God bless her.

The Guests have started to arrive so it's out with the Champagne. Got a thing for MOET 2002 vintage at the moment. The little Sister of Dom Perignon at 1/3 the price. Yeasty honeyed notes with the classic lifted lemon grassy notes beguile me. Full palate with hints of ageing complexity. Oysters and plenty of ante-pasto abound.

The night needs to be a progression of wines. My wife says more like a procession of gustatory gluttony. Quality not quantity! Charles Heidsieck NV Rose

has been an epiphany. This quality producer is often overlooked but it is a stunning House of Champagne. This particular rose has the complex strawberries and hints of spice but has a particularly well rounded rewarding palate with a slightly pronounced tannin grip that suits rare meat dishes or sashimi.



Look what turns up next: Carpaccio Salmon with sesame oil, soy and mirin!

The night needs to be fun and sharing plates are so easy. The next round of food will be the slightly heavier marinated and BBQ'd meats. Maybe even some Peking duck pancakes. The cry for Sparkling Shiraz is answered. The d'Arenberg Peppermint Paddock Sparkling Chambourcin provides a more red fruit spicy style of red. The Teusner 2006 MC Sparkling Barossa Shiraz is on another level with respect to the sweet plummy notes and generous palate. Resist the urge to pull out the flat table wine.



The bands a hopping or at least the Bose speakers are pumping and the wife is continually asking me to turn down the volume, but that's what the public wants.

Through the dulcet tones of the Who playing pinball wizard to the Black Eyed Peas having a bash, the wife brings out a big tub of Tiramisu. I am quite smitten by Moscato. The big girl's blouse in me is finally unleashed and I bring out some Villa Jolanda NV Rose Moscato .


The witching hour draws near. Glasses are topped with whatever is lying around, the TV turned on and the countdown begins. Hugs, kisses, Ald Lang Sine and resolutions whirl round akin to Alice falling down the rabbit hole.

A bit more partying, Taxis arrive and we send them on their way. Then it's off to the kitchen a cheese toasty and in keeping with the sparkling theme, a soothing glass of Effervescing Zantac (as the Nexium this morning is probably lost its value).

Well that how I was imaging it when my wife punctures the dream and the rellies turn up. So it's out with the VB, Bacardi Breezers and some Sparkling sauvignon Blanc that I made in the Soda Stream. No I'm not that tight, probably include some Jacobs Creek!

***All the best for the New Year and may we find a cure for cancer and find peace in the Middle East in 2013.***






# DAN EVERSON

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<b>Please note:</b> <i>Membership applications will be considered at the next Management Committee meeting.</i>				

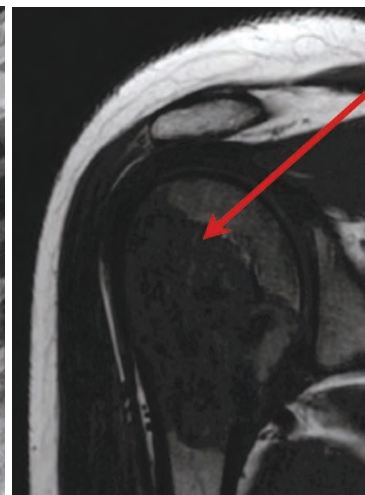


# CASE STUDY

29 year old female with right shoulder pain following fall.



Pacific Radiology



## HISTORY:

29 year old female with right shoulder pain following a fall.

## INVESTIGATIONS:

An ultrasound was initially requested (left image) which demonstrated a thickened subacromial bursa consistent with subacromial bursitis.

She was subsequently referred to an orthopaedic surgeon who organised an x-ray of her shoulder (centre image). This demonstrated a focal lytic lesion in the proximal humeral metaphysis.

The patient was then proceeded to CT (not shown) and MRI (right image) for further characterisation and local staging of the lesion.

A surgical biopsy later demonstrated this to be an atypical chondroblastoma.

## DISCUSSION:

This case highlights the importance of both ultrasound and plain radiographs in the initial assessment of most shoulder complaints. Both are deemed an essential component of initial management of shoulder pain by most specialists.

Although ultrasound is able to evaluate the rotator cuff and subacromial bursa in the majority of cases, xrays are necessary to delineate anatomy that may be associated with impingement and to exclude bony pathology that may be a cause of pain.

These include:

- Traumatic causes (fracture, dislocation)
- Neoplasms
- Osteomyelitis
- Metabolic disease including Pagets disease
- Arthropathies including osteoarthritis, inflammatory arthritides and osteochondromatosis.



## Lead-acid batteries

### *“Start me up!”*

It is no secret that modern cars are packed with electronic gadgets.

MP3 players and satellite navigation are in our pockets and most of us also want them on the road.

Advances in mobile battery technology have meant that these portable devices will keep working for longer and longer, but there really hasn't been anything new in lead-acid battery technology since French physicist Gaston Planté invented the world's first rechargeable battery in 1859.

It seems that there isn't much you can do to enhance the chemistry of putting lead in contact with sulphuric acid.

And no matter how you do the sums, you'll never get more than 2.1 Volts from each cell.

Capable of only about 800 cycles it's a fact of life that most lead-acid car batteries are lucky to last any more than three years.

So with my own car only two years old I was becoming anxious about my starter seeming a little slower to turn over and then with the next start there was nothing, or at least only the faint sound of my starter motor and then nothing.

It was at that point that I discovered that my car had some artificial intelligence rivalling HAL from 2001: A Space Odyssey.

You see one of the features of my frameless car doors is that the battery does have to supply the electric windows with enough current to lower the glass a fraction of an inch to clear the door rubbers every time the doors open, and close.

Though there wasn't enough power to start my car there was enough to bring the windows down, save for the fact that I might find myself trapped in my car and unable to exit.

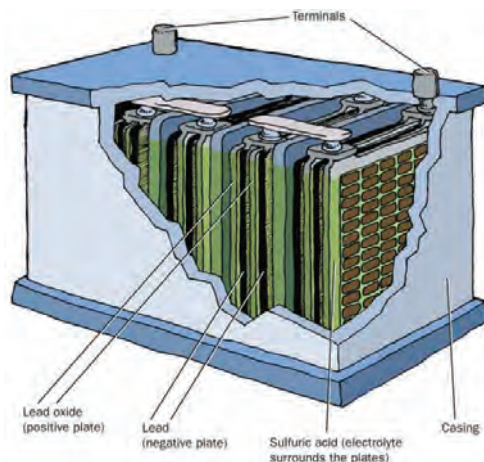
The only problem was that every time I tried to turn the motor over, my windows (all four of them) kept descending.

By the time I'd given up any hope of getting home without assistance the windows were all the way down which did make me wonder how I would

have fared if it was raining or how I would have locked my car if I had to leave it.

One other interesting epiphenomenon of having a flat battery was my car's decision to disable my air-bags, but as I wasn't going anywhere did that really matter?

I was relieved to get going again with the assistance of my local motoring organization, but that pesky air-bag warning light stayed on and I still needed a visit to my local dealer to extinguish it.





The bad news here is that there really was no warning that my battery would suddenly fail and I'm not sure why any motorist should have to go back to their dealer after simply suffering a flat battery.

The good news was that my battery was covered by my new car warranty so I didn't have to pay for the parts and labour to get mobile again.

### **Automotive lead-acid batteries**

For: Capable of providing huge surge currents for starting.

Against: Heavy and environmentally unfriendly.

These batteries would not suit:  
Defibrillators or pacemakers.

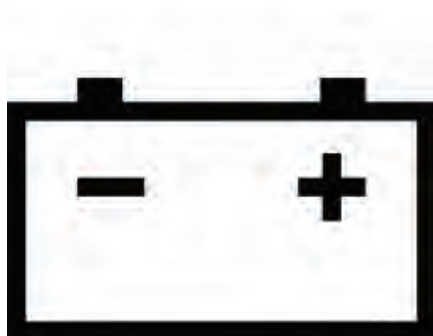
### **Specifications:**

2.1 Volts per cell  
6 cells provide 12.6 Volts  
Charging forces electrons from the positive plate  
Specific gravity falls as the battery discharges  
Fully charged specific gravity is 1.265 g/cm<sup>3</sup>  
Fully discharged specific gravity is 1.120 g/cm<sup>3</sup>

Safe motoring,

Doctor Clive Fraser

Email: doctorclivefraser@hotmail.com



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### **SCLMA CLINICAL MEETINGS**



### **THURSDAY 28 FEBRUARY 2013**

**Sponsor:** AMA Queensland

- President Dr Alex Markwell will speak at this meeting and answer questions.
- Other speaker - TBA
- Invitations will be sent February.

### **ENQUIRIES:**

Jo Bourke

Ph: 5479 3979

(M) 0407 037 112

Email: jobo@squirrel.com.au

### **Meeting attendance:**

- **Free for current members.**
- **Non members: \$30.**
- **Application forms available on night.**
- **Membership forms also available on SCLMA website:**  
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& Ormuz Ave  
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**Simon Burley**  
Shoulder Pain & Sports Injuries

**Sean Campbell**  
Low Back Pain

**Fiona Rogers**  
Pregnancy & Incontinence

**Briony McSwan**  
Neck Pain & Headaches

**Danielle Keogh**  
Low Back & Hip Pain

**Louise Meek**  
Shoulder Pain & Spinal Rehab

**Tim Garrett**  
Neck Pain & Headaches

**Andrew Duff**  
Knee Pain

**Alex Rachcoff**  
Musculoskeletal Physio

**Kelly Walsh**  
Neck Pain & Headaches

**Anna Salkeld**  
Back & Neck Pain

**Joakim Wisting**  
Shoulder Pain

**Sophie Stewart**  
Pre-employment Assessments

**Kandice Bengtsson**  
Paediatric Physiotherapy

**Koren West**  
Neurological Physiotherapy

**Weronika Tobalska**  
Hips, Pelvic & Feet Pain



**sports & spinal**  
PHYSIOTHERAPY

# AMA COUNCILLOR'S REPORT

## Dr Wayne Herdy



I am an optimist. My glass is always half full and still counting. My spectacles have a distinct rose hue.

The AMA works in an environment that fertilizes pessimism. We are always battling somebody who wants to fix a machine that isn't broken, for reasons based on ideology more than logic and rarely truly based in the sort of evidence that we try to find in medical decision-making. Worse, the parties that we battle are often better resourced and more powerful, and argue strongly from positions of ignorance.

***The AMA relies on enthusiastic but skilled amateurs, backed by a small cadre of equally enthusiastic and skilled paid soldiers, whose most powerful weapon is the truth.***

Looking into the misty crystal ball that depicts the coming year, we can see workforce imbalance and lack of adequate training places, a shrinking health budget in relative terms, increasing scope-of-practice debates with a horde of wannabe-doctors, blind political ideology that drives unproven or disproven interventions such as 4-year-old health checks and Medicare Locals, and the unsolved crime of social inequity that we interpret as a 17-year gap in indigenous health outcomes.

This is in a global environment of still-incomplete financial meltdown and climate change which have their own direct and indirect health outcomes. As well as our political opponents, we are facing increasingly powerful biological opponents such as an explosive obesity epidemic and the looming end of the antibiotic era.

Despite all the old and new threats, remember that every threat is a challenge, an opportunity in disguise. While I mourn the demise of the solo practitioner, I welcome the evolution of team-based medical care.

While I bury the vestiges of trusted ancient remedies, I embrace the science of evidence-based medicine that systematically proves that most of what I ever learned and did was wrong.

While I shudder at the legal vultures hovering over every move I make and the bean-counting gnomes that measure every dollar cost that I incur, I welcome the outcome that medical interventions are forced by external influences to become safer and more efficient.

The coming year promises escalation of the warfare with our old enemies, and the probability of new enemies creeping up from left and right field. But the medical profession is an ancient and wise one, and we eventually respond by becoming stronger and more effective champions of the health outcomes for our patients.

***Next year will be even fuller of challenges than the last year was – let's turn every one of those challenges into an opportunity to win battles for better health outcomes.***

Wayne HERDY  
AMAQ Branch Councillor.

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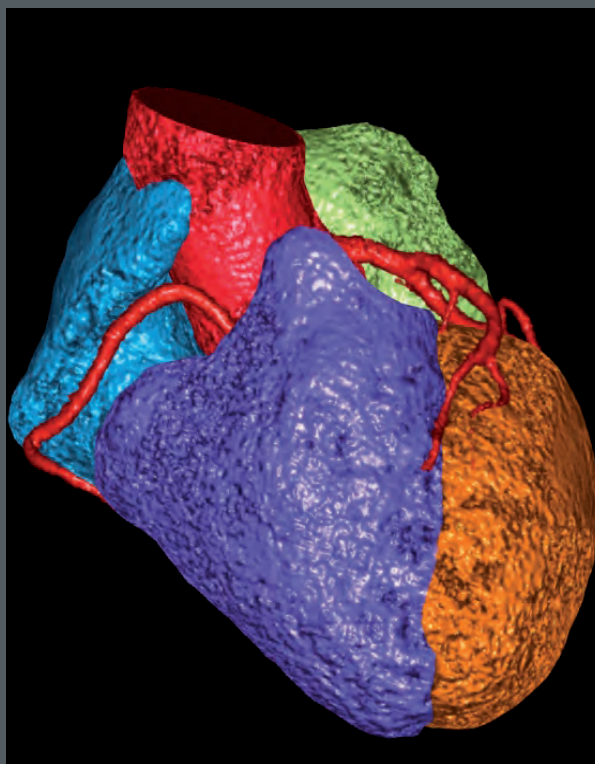
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**Dr Petra Ladwig**  
Ground floor  
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Birtinya QLD 4575  
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## Market update – December 2012

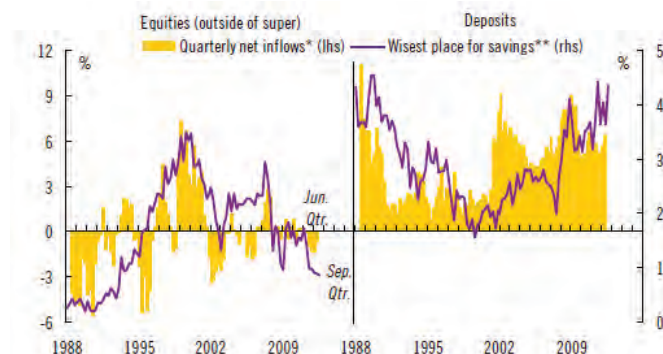
With the RBA's decision to cut interest rates to 3% (emergency levels), which was the case during the darkest days of the GFC it is time to think seriously about the stock market and what yield it has to offer versus other asset classes.

Interbank futures suggest rates could approach 2.5% by the middle of next year, while some economists think a floor of 2% is not impossible. Even after Tuesday's cut, Australian rates are still among the highest in the developed world. A key concern for the RBA has been a pullback in Australia's terms of trade, or the ratio of export to import prices.

Over \$435 billion dollars has been placed in term deposits since the GFC albeit capital guarantee has been paramount however the return for baby boomers on Term Deposits is not enough.

I'm yet to meet a retiree who is happy spending their capital. They normally spend their income regardless the size of their investment portfolio, younger Australians however appear to be totally different. This in itself is something we could all discuss at great lengths, however my main point is that the largest sector by population is the baby boomers and at present, in Australia their savings are large, as they have been taught to save and these savings need to be invested somewhere.

Below is a chart which illustrates the net inflows in stock markets and deposits and it is shown that they have an inverse relationship, therefore if the return on deposits is falling then a gradual shift to the stock market should occur.



Source: Westpac-Melbourne Institute Consumer Sentiment Survey, Citi Research. Notes: \* Per cent of disposable income. \*\* Per cent of survey Respondents.

My favourite economics commentator Jonathan Pain (The Pain Report) has been highlighting his growing optimism for global growth in 2013 as he feels more comfortable with the United State's economy and has dismissed the nonsense of a hard landing in China. His big picture theme is largely unchanged, namely, "to favour companies that have reach and the products to satisfy the voracious appetite of the billions of people who are destined to join the middle classes over the next decades". The companies that spring to mind include BHP, ANZ and Woodside (Huntley/Morningstar price target on Woodside \$73!).

Please give a call on 07 54379900. Good investing and Merry Christmas & Happy New Year.

Kirk Jarrott

BComm, DFP, AD (Acc), Cert IV Finance

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 25 OCTOBER 2012  
Maroochydore Surf Club FunctionRoom  
MINUTES  
(confirmed at Committee meeting 27 November 2012)**

**Attendees:**

Drs Di Minuskin, Wayne Herdy, Mason Stevenson, Peter Ruscoe, Jeremy Long, Scott Phipps, Denise Ladwig, Marcel Knesl and Jo Bourke (observer).

**Apologies:**

Drs Rob Ingham, Kirsten Hoyle and Scott Masters.

**Minutes of last meeting:** 27 September 2012

Moved: Peter Ruscoe, seconded Jeremy Long.

Carried.

**Business arising from Minutes.**

- Meeting was held 16 October re named referrals to public hospitals.
- Templates of letters are excessive in number and not always appropriate in form;
- Working party will be formed to review templates (including community doctors).

**President's Report: Dr Rob Ingham** – no report in absentia

**Vice President's Report : Dr Di Minuskin**

- The increasing load of paperwork is a common problem across the whole of the medical profession. As a GP, one of the issues that has caused concern and increased work has been the requests for named referrals from the public health system. My colleagues raised concerns on several issues including the increased work, the working on letters received from the hospital requesting said referrals and the issue of Medicare compliance.
- On Tuesday 16 October a meeting was held to discuss concerns raised by GPs in regard to the requests for named referrals to specialists at Nambour Hospital. This was very well attended with representatives from the SCLMA, Nambour Hospital including executive staff, administrative staff and clinicians, AMAQ, Medicare Local and Focus Health Network. Several points were clarified on the evening and agreement was made to work toward solving ongoing issues. In summary the following topics were discussed.
  1. Named referrals are allowed under Medicare guidelines. Legislation allows doctors to exercise their right of private practice while working in a public hospital. This is an important source of income to fund services at the hospital.
  2. There was general agreement that the wording on some previous letters from the hospital requesting named referrals was inappropriate. This will be addressed.
  3. QHealth Nambour and Focus Health will continue to develop an information portal to assist GPs to access guidelines on referral processes and current specialist lists etc.
  4. Requests for a specific set of investigations prior to referral to the hospital are not mandatory. Clinical judgment and individual case assessment are required.
  5. Suggestions for improving the quality of referrals to the hospital with adequate information to allow appropriate triage and timely management of the patient.

- The evening was extremely productive with all parties agreeing that communication needs to be improved and the concept of a "Team Care" approach from the GP to the hospital and back again needs to be encouraged.
- To this end it is proposed that a working party of GPs and hospital staff meeting regularly to review correspondence and procedures for referral. If you are interested in contributing to this working party, please contact either Dr Rob Ingham or r Di Minuskin. We look forward to providing you with further information as this group works towards solving an issue that has been a source of stress for many of our members.

**Secretary's Report: Dr Wayne Herdy**

(A) Correspondence In:

- Scott Phipps – Named Referrals (email)
- Shaun O'Rourke – re signage

**Business arising from Correspondence:**

- In response to the email from Scott Phipps dated 29 September, SCLMA convened a meeting with NGH to discuss issues relating to referrals to the hospital. The meeting was held 16 October and ranged more broadly across issues relevant to wider issues of the relationship between QHealth staff and medical service providers in the community.
- Since this matter does not fall within the Objects of the Association, it does not fall within our jurisdiction. We have no power to influence the conduct of members or non-members in regard to such matters.

(B) Correspondence Out: Tabled.

- Rob Ingham – re Named Referrals (emails) to various recipients.

Moved: Wayne Herdy, seconded Peter Ruscoe that the Secretary's report be noted. Carried.

**Treasurer's Report : Dr Peter Ruscoe**

a) Accounts to be paid:

- Australia Post – September 2012 account
- Jo Bourke – September 2012 secretariat
- Snap Printing – October 2012 invites
- Snap Printing - October 2012 newsletter
- Jo Bourke – October 2012 newsletter
- C Hawkins – Assistant Secretariat
- Smart Steps Accounting
- Maroochydore Surf Club – August meeting
- ATO

Moved: Peter Ruscoe, seconded Jeremy Long that the Treasurer's report be accepted. Carried.

(b) Membership Report.

- Dr Michelle Cronk (Medical Oncology, NGH)
- Dr Bernd Kraus (General Medicine, NGH)
- Dr Michelle Lien (Psychiatry)
- Dr Moses Mutiah (General Medicine, Caloundra Hosp)
- Dr Patricia Nugent (General, Women's Imaging, Caboolture Hosp)
- Dr Logan Stuckey (Emergency Medicine, NGH)

Moved: Peter Ruscoe, seconded Mason Stevenson that the applications for new membership be accepted. Carried.



**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 25 OCTOBER 2012  
Maroochydore Surf Club FunctionRoom  
MINUTES / cont  
(confirmed at Committee meeting 27 November 2012)**

**Meetings Convenor Report: Dr Scott Masters - Apology**

**Focus Health Network (formerly SCDGP) Report: Dr Scott Phipps.**

- Network is working to engage allied health, establish a strong base for future security while endeavouring to maintain close contact with GPs.
- "Allied Health" is confined to those with AHPRA registration.

**AMA Councillor's Report: Dr Wayne Herdy**

- Anecdotally, socio economically disadvantaged patients are more stressed by financial stringency. Most (increasingly) living costs (Courier Mail) are government-generated (fuel, power etc), most of the decreasing costs re from the private sector. Charity organisations are now forced to reject a substantial number of requests and are receiving requests from patients who never required help before.
- AMAQ is concerned about government budget tightening e.g. closure of government-operated nursing homes (Glenbrook on SC has been named). We are closely watching the budget effects on staffing numbers (especially bearing in mind the lack of training places for young graduates).

**Hospital Liaison Report: Dr Jeremy Long**

- "Team health standards" are a priority for all HHSs. Trend to get patients out of hospital beds to local GPs, with appropriate clinical handover via GP liaison.
- Privatisation of Kawana hospital complex
- PPP for service delivery is not well grounded
- Question whether management of SCUH could be totally privatised – it is easy to privatise services such as cleaning and catering.
- Most pressure is on staff – wages account for 70% of costs.

**General Business: Nil.**

Meeting Close: 18:57

Next Meeting: 6.00pm Thursday 27 November 2012

Wayne Herdy, Secretary.



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# SMILE TIME!



Dear Santa:

I rarely ask for much. This year is no exception. I don't need diamond earrings, handy slicer-dicers or comfy slippers. I only want one little thing, and I want it deeply.

I want to slap Martha Stewart.

Now, hear me out, Santa. I won't scar her or draw blood or anything. Just one good smack, right across her smug little cheek. I get all cozy inside just thinking about it. Don't grant this wish just for me, do it for thousands of women across the country. Through sheer vicarious satisfaction, you'll be giving a gift to us all. Those of us leading average, garden variety lives aren't concerned with gracious living.

We feel pretty good about ourselves if our paper plates match when we stack them on the counter, buffet-style for dinner. We're tired of Martha showing us how to make centerpieces from hollyhock dipped in 18-carat gold. We're plumb out of liquid gold. Unless it's of the furniture polish variety. We can't whip up Martha's creamy holiday sauce, spiced with turmeric. Most of us can't even say turmeric, let alone figure out what to do with it.

OK, Santa, maybe you think I'm being a little harsh. But I'll bet with all the holiday rush you didn't catch that interview with Martha in last week's USA Weekend. I'm surprised there was enough room on the page for her ego.

We discovered that not only does Martha avoid take-out pizza (she's only ordered it once), she refuses to eat it cold (No cold pizza? Is Martha Stewart living?) When it was pointed out that she could microwave it, she replied, "I don't have a microwave."

The reporter, Jeffrey Zaslow, noted that she said this "in a tone that suggests you shouldn't either."

Well, lah-dee-dah. Imagine that, Santa!

That lovely microwave you brought me years ago, in which I've learned to make complicated dishes like popcorn and hot chocolate, has been declared undesirable by Queen Martha. What next? The coffee maker?

In the article, we learned that Martha has 40 sets of dishes adorning an entire wall in her home. Forty sets. Can you spell "overkill"? And neatly put away, no less. If my dishes make it to the dishwasher that qualifies as "put away" in my house!

Martha tells us she's already making homemade holiday gifts for friends. "Last year, I made amazing silk-lined scarves for everyone," she boasts. Not just scarves mind you. Amazing scarves. Martha's obviously not shy about giving herself a little pat on the back. In fact, she does so with such frequency that one has to wonder if her back is black and blue.

She goes on to tell us that "homemaking is glamour for the 90s," and says her most glamorous friends are "interested in stain removal, how to iron a monogram, and how to fold a towel." I have one piece of advice, Martha: "Get new friends."

Glamorous friends fly to Paris on a whim. They drift past the Greek Islands on yachts, sipping champagne from crystal goblets.

They step out for the evening in shimmering satin gowns, whisked away by tuxedoed chauffeurs. They do not spend their days pondering the finer art of toilet bowl sanitation. Zaslow notes that Martha was named one of America's 25 most influential people by Time magazine (nosing out Mother Theresa, Madeline Allbright and Maya Angelou, no doubt).

The proof of Martha's influence: after she bought white-fleshed peaches in the supermarket, Martha says, "People saw me buy them. In an instant, they were all gone." I hope Martha never decides to jump off a bridge.

A guest in Martha's home told Zaslow how Martha gets up early to rollerblade with her dogs to pick fresh wild blackberries for breakfast.

This confirms what I've suspected about Martha all along: She's obviously got too much time on her hands. Teaching the dogs to rollerblade. What a show off.

If you think the dogs are spoiled, listen to how Martha treats her friends: She gave one friend all 272 books from the Knopf Everyman Library. It didn't cost much. Pocket change, really. Just \$5,000. But what price friendship, right?

When asked if others should envy her, Martha replies, "Don't envy me. I'm doing this because I'm a natural teacher. You shouldn't envy teachers. You should listen to them." Zaslow must have slit a seam in Martha's ego at this point, because once the hot air came hissing out, it couldn't be held back.

"Being an overachiever is nothing despicable. It is only admirable. Never lower your standards," says Martha.

And of her Web Page on the Internet, Martha declares herself an "important presence" as she graciously helps people organize their sad, tacky little lives.

There you have it, Santa. If there was ever someone who deserved a good smack, it's Martha Stewart. But I bet I won't get my gift this year.

You probably want to smack her yourself.

## AN AUSTRALIAN CHRISTMAS

Here comes Santa Claus, here comes Santa Claus,  
Sweating his fat away

Here comes Santa Claus, here comes Santa Claus,  
Water-skis on his sleigh

Never have a white Christmas

When you in Melbourne live

Wearing hot pants on the beach

When you your presents give

Here comes Santa Claus, here comes Santa Claus,  
Sweating his fat away

Here comes Santa Claus, here comes Santa Claus,  
Water-skis on his sleigh

Chestnuts roasting on the sidewalk

Castles in the sand

Eating ice-cream, having good talks

Warm Christmas, isn't that grand?

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*November 2012*

## DR PETER J LARSEN – CLINICAL & INTERVENTIONAL CARDIOLOGIST

### NEW PRACTICE LOCATION

Dr Larsen would like to inform all Medical Practitioners on the Sunshine Coast of his new practice contact details:

- Suite 12 Medical Centre, Sunshine Coast Private Hospital, 12 Elsa Wilson Drive, BUDERIM, QLD 4556
- Phone: 07 5444 2951 Fax: 07 5444 3516
- Conducting procedures now at the Sunshine Coast Private Hospital Buderim
- Referrals received via medical objects and fax
- Dr Peter Larsen is no longer associated with Sunshine Coast Cardiology, Nucleus Medical Suites
- Welcoming new patients

*November 2012*

## SPECIALIST ROOMS AVAILABLE FOR LEASE IN CALOUNDRA

- Seeking expressions of interest from Specialists currently or intending to work out of Caloundra.
- All consulting rooms and procedure room generously proportioned and undergoing new renovation to a high standard.
- Co-located with Caloundra's newest comprehensive Radiology practice. Pharmacy on site.
- Please direct enquiries to Mr Trevor Gourlay
- **Ph: 0434 250 531 or 5409 2800**
- **Trevor.gourlay@pacificradiology.com.au**

*October 2012*

## BUSINESS OPPORTUNITY NOOSAVILLE

- Noosa Medical Cosmetic & Specialist Rooms are modern, spacious and have views. Located in Noosaville Business Centre. Modern, well equipped consulting/treatment rooms and theatre room.
- Ideal for Specialists or GPs. Latest technology equipment. Administration services available. Under
- cover parking and lift. Versatile practice.
- Rent, lease or make an appointment to discuss other options with Dr Vera Ivovic.
- Contact: Christine, Business Development Manager **0488 231 555**
- **Email:** christine@noosamcs.com.au

Visit NMCS website today

**<http://www.noosamcs.com.au>**

*September 2012*

## COTTON TREE ROOMS FOR HIRE

- Well positioned medical rooms in Cotton Tree are available for hire on a per session basis.
- Would suit Medical Specialist or Allied Health Professional. Receptionist provided.
- Please call Daniel on **0419 837 990** for more information.

*October 2012*

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### SKIN PRICK TESTING

**Now available by appointment with Dr Peter Zwoerner**

**Buderim Laboratory • Nucleus Medical Suites  
23 Elsa Wilson Drive**

**T: (07) 5459 1400 F: (07) 5478 4240  
(Referral can be faxed).**

**For a full list of special tests available at this site  
refer to**

**[www.snp.com.au](http://www.snp.com.au)**

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*Classifieds remain FREE  
for current SCLMA members.*

*\$110 for non-members*

*Ph: 5479 3979. Mobile: 0407 037 112.*

*Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)*

*Classifieds will remain on the list  
for three months unless notified.*



**SCLMA NOVEMBER 2012 CLINICAL MEETING**  
***“More than Just Guts - Case Discussions in Inflammatory  
 Bowel Disease and Pancreatico-Biliary Disease”***  
**A SUMMARY OF THIS MEETING IS ON PAGES 6-7**



Presenter Dr Hans Seltenreich with  
 Dr Shiraz Hassen & Dr Stephen Phillips



Dr Pauline Waterhouse with Dr Don Waker,  
 Cotton Tree Gastroenterology Clinic



Dr Debbie Pfeiffer with  
 Dr Robyn Hewland



Dr Jenny Grew, Dr Lisa Knesl  
 and Dr Irene Krajewska



Presenters Dr Karien Treurnicht and  
 Nurse Practitioner Stephanie Buckton

Right:  
 Carlene  
 Palmer and  
 Sam Rowe  
 from QML  
 Pathology,  
 Meeting  
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