GP*Speak*

On Bundjalung Country - the art of Digby Moran

- Cannabis: debate or debacle?
- Mental illness rising
- Health's 'bullying' culture

North Coast Health Matters

Summer 2018

GPSpeak

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IN THIS ISSUE

On our cover: Meeting Place, ochre and binder on canvas, 180 x 200.5cm, a 2018 painting by Bundjalung artist Digby Moran.

It formed part of his exhibition about growing up on Cabbage Tree Island, near Ballina, held at Lismore Regional Gallery late this year. Story and more works on page 13. Photo: Linda Cunningham.

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Editorial - Summer 2018

Dr David Guest
Clinical Editor

International comparative studies put Australia near the top of OECD nations for health care systems. The 2017 Commonwealth Fund study ranked Australia second after the UK, using five parameters. We led the other countries on administrative efficiency and health care outcomes, and ranked second on "care process".

Health has been the fastest growing sector in the economy for over 15 years, accounting for 10% of GDP and 13% of the total workforce. Despite this, government health care expenditure is only slightly above the OECD average.

The success - and perhaps relative failure - of the Australian performance has been attributed to its single-payer insurance program, Medicare, coupled with an alternative private system. Medicare has been successful at capping doctors' fees through freezes in the last five years and partial indexation prior to that. However, as doctors break out of the Medicare straightjacket lower socio-economic groups suffer and go without medical care.

This explains Australia's relatively poor results in the Commonwealth Fund study on access and equity.

The driver for rising health care costs is well known. The ageing population of baby boomers is now sixty or older, the time when more serious medical problems emerge. These problems are frequently chronic and not amenable to cure, although they can be managed. New technologies in diagnostics, therapeutics, genomics and robotics are certainly sophisticated - and expensive.

As a result patients are living longer with their illnesses and are being managed by teams of specialists and subspecialists. As the saying goes, "Cancer is the new chronic disease"... GPs are spending an increasing amount of their time in co-ordinating their patients' care.

Patients are also more demanding of the health care system. Information technology has revolutionised many aspects of people's lives. Education and business have embraced innovations which provide a better, more convenient and cheaper option to the old bricks- and-mortar offerings. Patients are understandably frustrated that medicine has lagged so far behind.

They also seeking more information about their conditions and want to be more involved in their medical management. Chronic disease management plans, same-day action plans and advanced health care directives are most successful when developed with active patient involvement.

The days of "doctor as God" have gone. Younger, healthier patients will often self-manage with success. For them the first port of call is Dr Google. If she cannot help there is always Dr Facebook. If you want a third opinion... see your GP.

Helping the patient navigate around the health system, particularly at the primary care/ hospital interface remains a challenge. This is partially due to historical reasons, with responsibility and funding for primary care coming from the Federal government, and from the States for hospitals.

A political solution would be best but remains no closer now than 30 years ago.

There is some cause for hope in improving data exchange. The recent Winter Strategy saw much better communication between the two groups for a select group of at-risk patients.

On page 15 Peter Silberberg gives his first impressions of the Orion Shared Care Tool. This provides a common platform for patients shared between the LHD and general practice. Its use in community mental health, which has been a difficult area in the past, is a great advance.

The safety and privacy concerns around the My Health Record have had a lot of public exposure since May. Despite, or perhaps because of, the publicity many baby boomers want "in".

"Informed patients" assess the cost/ benefit ratio, and for the elderly, at least, it stacks up, as we report on page 4.

The convoluted debate on cannabis continues and local psychiatrist, Harry Freeman, and physician, Bob Lodge, give their perspectives on an issue that encompasses the clinical fraternity, politicians, police and more. Dr Lodge's article and his recent presentation on the same subject at the Nordocs conference can be found on the GPSpeak website.

In words often simplified to "travel broadens the mind", Mark Twain wrote that, "Travel is fatal to prejudice, bigotry, and narrow-mindedness, and many of our people need it sorely on these accounts". In this issue Bob Lodge travels to Israel in his "Journey to the Promised Land" while I reflect on China, a land of great promise that is much in the news. There is no doubt that Chinese enterprise and national socialism are rapidly forging a new society.

Both the NSW and Federal governments will go to the polls within the next six months. While election issues can be unpredictable, it is unlikely that health will be a major issue in either election. The 'Mediscare' campaign of 2016 nearly cost the government its second term. While the Coalition is behind in the polls the economy is stronger now and they will campaign on their economic record to turn the tide.

On page 5 the Chair of NRGPN, Dr Nathan Kesteven, questions the relevance of our organisation in the age of commissioning. He advocates for a new organisation of North Coast doctors that will be better suited to the new environment and help bridge the primary care/hospital sector divide. A preliminary meeting to discuss the issue is scheduled for 13 December at the Goonellabah Tavern.

Our financial year 2018 ends in December. I would like to take this opportunity to thank our major sponsors, Accountants Thomas Noble and Russell, North Coast Vascular Group and Gold Coast Private Hospital, and our minor sponsors Genesis Cancer Care, Dr Harald Puhalla, North Coast Radiology, Sullivan Nicolaides and Partners, Southside Pharmacy, University of Wollongong and St Vincent's Hospital for their support in bringing you GPSpeak, the North Coast's only independent medical magazine.

My Health Record Opt Out Extension

by David Guest

The opt out period for withdrawing from the My Health Record has been postponed for a further three months. This is the third delay in the implementation of the scheme to grant all Australians a default, although initially blank, online health record.

The scheme was first scheduled to commence in mid October 2018 after an initial three month opt out period. Health Minister Greg Hunt has acceded to pressure from the privacy lobby to delay the implementation until 31 January 2019.

In November the Senate sent the Bill back to the Lower House recommending amendments in two key areas. If accepted the amendments will require (1) law enforcement agencies to have a court order to access My Health Record data and (2) that a person opting out can request the complete destruction of their record. Previously the data was held for 30 years after the person's death but it was illegal for the system to make the information available.

The Australian Digital Health Agency, responsible for the implementation and running of the My Health Record, also faced embarrassing questions over the resignation of its Director of Privacy, Nicole Hunt, in October 2018. The reasons for the resignation have not been released by ADHA but it is rumoured there was also some internal concerns about the current implementation of the privacy aspects of the MHR. Ms Hunt now works for the ANZ bank.

There could be even further delays to the MHR commencement date with **the Labor Party calling for an extension** of the opt-out period to 12 months to allow for further debate and public comment.

The constant media exposure has at least brought the subject of the My Health Record to the attention of many patients. North Coast GPs are reporting older patients, particularly retirees and those with chronic medical conditions, are more willing to opt in. They are less concerned about privacy issues and more about potentially serious medical mishap due to the failure to share important information between medical practitioners both within and outside the hospital system.

Younger patients are generally healthier and many see the risk of their data falling into the hands of insurance companies and employers as being too high. They are willing to continue current arrangements and manage their own health data in conjunction with their usual general practice.

When the MHR changes to an opt out record the numbers of participants will rise from 6 to over 20 million. The task for GPs will be to keep an increasing number of Shared Health Summaries relevant with updated information about the patients' medical conditions and medications. This is a not insignificant task.

Fortunately, many practices already have systems in place to create accurate and timely summaries but the financing of this increased workload is unclear with the details of the new PIP arrangements yet to be made public.

The only solace for GPs is that they too can opt out.

ANNUAL REPORT

Northern Rivers General Practice Network 2018

Invitation to all GPs in Northern Rivers area
Meeting 13 December 2018 Goonellabah Tavern
email to info@nrgpn.org.au to register

Dear Readers,

Merry Christmas and a Happy New Year 2019 to all.

This brief report is to inform members about an issue the Board has been discussing for some time; the next step for the development of the NRGPN.

On 13th December 2018 at 6.00 pm we are holding a meeting at the Goonellabah Tavern to discuss the proposal to dissolve the Northern Rivers General Practice Network and launch Nordocs in its place.

Nordocs will undertake some of the tasks formerly performed by the Network but will be open to all medical practitioners across the Northern Rivers, from Grafton to Tweed Heads. Its footprint will mirror that of the Northern NSW Local Health District.

As I discussed in last year's report the NRGPN became less active six years ago when most of its functions, and all of its income, were handed to the then-North Coast Medical Local and subsequently to the North Coast Primary Health Network. As a result much of our capacity and raison d'être has disappeared.

The desire and hope of having an organisation whose membership is open to all doctors is to allow fresh ideas, drive and enthusiasm to carry on many of the things the Network formerly did and to develop new things.

Many may be aware that earlier in the year the Nordocs Facebook group ran an 'Unconference' in Lismore that attracted over 30 local doctors. Participants spoke on a range of topics, from Hepatic Resection to Bibliotherapy. The Unconference was well received by those who attended and future meetings are planned for 2019.

We also have been discussing these issues with our colleagues from the now defunct North Coast GP Training and they are interested in options regarding working, perhaps merging, together with us in the future.

So this is a call to all members to come along and discuss our future. Please note that this is an information and discussion meeting. If there is support for the proposal it will be put to a Special General Meeting of the NRGPN in the New Year.

Finally, on behalf of the Board, I would like to acknowledge the hard work of the GPSpeak committee in giving the North Coast community an independent voice on medical issues in our area.

Best wishes to you all for 2019.

Nathan Kesteven

Book Prescription - Byron Bibliotherapy

The Single Ladies of Jacaranda Retirement Village

Joanna Nell

Hachette

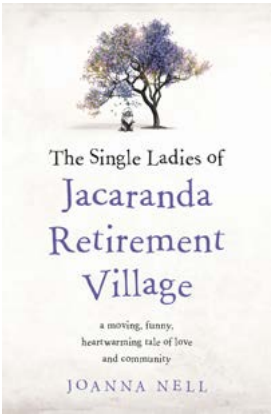
Reviewed by Zewlan Moor

The main characters of this romantic comedy set in a retirement village are 79-year-old widow Peggy Smart and her love interest the debonair Brian. Their quiet lives will be changed dramatically when Peggy's old school friend, Angie, turns up.

The author, a Sydney GP, extracts genuine humour from everyday health issues: "Naturally, a professional man like Brian had had both his knees replaced in a private hospital under a double-barrelled surgeon. On the other hand, Peggy had gone public for hers. Her specialist had had only one surname, and she'd shared a bay with another lady who screamed all night."

This insight into the concerns of older people form the basis of Dr Nell's debut novel, penned on her days off, along with juggling teenage children. She has since taken a sabbatical year to fit in editing, book promotion and more writing to fulfil a two-book contract.

While you might expect her patients to be her inspiration, Nell says she was inspired to write the novel by a sculpture of an older woman in a bathing suit, wrinkles and all.



"It was only once I started looking at the world through the eyes of an 80-year-old character (an entire first draft into the manuscript) that I realised this was a book about ageing and a unique opportunity to challenge the many myths and stereotypes about old age. In particular, I wanted to highlight the often patronising and paternalistic way in which older people are treated by society.

"I knew it would be a story about friendship and was fascinated by the idea of childhood friends meeting again in later life, having lived very different lives. I was also keen to explore the complex intergenerational struggles between adult children and ageing parents.

"At the same time, I didn't want to sugar coat ageing nor shy away from the physical challenges of an ageing body. I wanted Peggy Smart to be a realistic and relatable character that readers could identify with, and shine a light on the invisibility that older women can feel."

Dr Nell has found her patients' reception of the book to be mixed: "Some of them love it, but most just want to know when I'll be back practising."

One reader wrote that after reading the book she and her friend, both aged 80, were going swimsuit shopping. So what are you waiting for? Splurge on a new cossie, even if it's only to lounge around in while you read The Single Ladies on the beach...

Prescribed for:

- People in the prime of their life, aged 70+
- Women with bladder instability
- Anyone who needs a laugh and an engrossing read

Dr Zewlan Moor is a GP and Founder of **Byron Bibliotherapy**, a private practice that helps people find the right book at the right time.

Pill testing at festivals

by Tamara Smith,
State MP for Ballina

Festival season is upon us for another year and it's time to think about the dangers of drug taking at these events. As much as we want to discourage people, young and old, from taking illegal drugs, the reality is that many will still engage in this risky behaviour. Drug users make a personal choice to risk their health and the health of those around them when they take drugs.

I support pill/drug testing at music festivals in order to help protect young (and not-so-young) risk takers. This is a different matter from the moral issue of drugs, it is a safety issue. Without pill testing, drug takers have an unforeseeable risk of further harm because they do not know the exact substance they are imbibing. Collectively, turning a blind eye to the harm caused by dangerous chemicals in recreational drugs is forcing drug takers to take risks, rather than arming them with choice.

By adding a step to the process through pill testing, a risk taker gets a 'chance' to manage that risk with greater knowledge of the substance they are taking. Amnesty bins for people who decide not to take drugs they've brought with them and peer to peer support in a safe area from trained volunteers, such as from the organisation DanceWize, would also ideally be part of every festival along with drug testing.

The Australian Greens have announced their intention to set up a national drug testing agency with community pill testing centres available to run free testing of drugs for impurities and dangerous additives. The centres would then provide public warnings about tested drugs so that members of the public and health professionals would be aware of dangerous batches of drugs in circulation.

The proposed system is based on a similar scheme which runs in the Netherlands. A trial of drug testing took place at Canberra's "Grooving in the Moo" in April 2018. Where drugs were found to be contaminated with lethal substances in 2 cases, the drugs were disposed of by the would-be

Tamara Smith, MP

users, showing that testing acted both as a safety measure and as a deterrent. If pill testing makes a risk taker think about what they are ingesting, isn't this just one small but positive step towards educating the public, and our youth especially, on their choices?

If the Greens nationally and in NSW are able to work to implement a pill testing scheme it will save lives, it's as simple as that. Let's not let the war on drugs and the moral high ground get in the way of preventing one more avoidable and tragic death through contaminated drugs.

Message in a bottle

by Robin Osborne

Australian doctors must jump through the hoops if they wish to prescribe medicinal cannabis. Alternatively, their patients can buy CBD oil at their local weekend market. Robin Osborne reports...

Various countries (notably Canada, and to an extent, Portugal and Peru) and a number of major US states have either legalized or decriminalised cannabis containing tetrahydrocannabinol (THC), the ingredient that will get you 'high'. In other places, notably the UK, sellers and buyers of low-THC cannabidiol (packaged as CBD oil) are not liable for prosecution.

Reported *New Scientist* Link

The THC content of the CBD product must be below 0.2 per cent, making it "not psychoactive at this level," in the words of neuropsychopharmacologist David Nutt from Imperial College London.

In Australia, despite widespread usage, the law's attitude to psychoactive cannabis is clear, even if the penalties for holding small amounts for personal use have lessened over time: the drug is not legal.

More complex is the state's attitude to the non-psychoactive and - depending on patients' conditions, physiology, perhaps psychology and various other factors - potentially therapeutic CBD.

The Department of Health, which manages the Therapeutic Goods Administration (TGA), has invested considerable energy in the subject, and its web links make for **interesting reading**.

These include a list of approved manufacturers, suppliers and importers.

Perhaps most relevant here is that, "Australian registered medical practitioners who would like to access unapproved medicinal cannabis products for the treatment of appropriate patients outside of clinical trials may choose to do so through the SAS or the Authorised Prescriber Scheme."

The 'SAS' is not a specialist military outfit but the Special Access Scheme, and the TGA informs us that this year it has approved 1771 SAS applications so far (to end October). The reasons included, but were not limited to, chemotherapy-induced nausea and vomiting, refractory paediatric epilepsy, palliative care indications, cancer pain, neuropathic pain, spasticity from neurological conditions, anorexia and wasting associated with chronic illness (such as cancer).

In January some 60 applications for "unapproved medicinal cannabis products" were approved. Throughout most of the year, and particularly recently, the number has been increasing exponentially.

This appears a high number, given that "it is expected that medical practitioners (prescribers) will have considered all clinically appropriate treatment options that are included in the ARTG [Australian Register of Therapeutic Goods] before applying to access an unapproved medicinal cannabis product under the SAS."

In addition, as its name suggests, approval under this category is 'special', with the more usual approach being for a medical practitioner to seek to become an "Authorised Prescriber of a specified unapproved therapeutic good (or class of unapproved therapeutic goods) to specific patients (or classes of recipients) with a particular medical condition."

To do so the medical practitioner must:

• have the training and expertise appropriate for the condition being treated and the proposed use of the product

• be able to best determine the needs of the patient

• be able to monitor the outcome of therapy.

At this time last year about 30 Australian doctors (of the approximately 43,400 GPs nationally) had been granted Authorized Prescriber status. The number has increased somewhat - perhaps to some hundreds - as a result of publicity, patient pressure and, not least, mounting evidence that CBD is actually effective for some conditions in some people.

In this context, more doctors are showing a willingness to undertake the 'training' required by the TGA. Most seem to feel the process is onorous.

Noting that in the USA cannabidiol has been lumped together with recreational cannabis - legal or illegal, depending on the state - New Scientist suggested the tide may turn after a recent WHO review concluded that cannabidiol "exhibits no effects indicative of any abuse or dependence potential" but "has been demonstrated as an effective treatment of epilepsy ... and may be a useful

treatment for a number of other medical conditions."

Efficacy aside, it is worth noting that medical opinion agrees it is not possible to overdose on cannabis, either the THC or CBD variants, although high level usage of the former is best avoided by those with mental health issues or personality disorders, while smoking anything is deleterious to one's health.

Amidst this convoluted and at times complex debate, there is one major anomaly: CBD oils (and creams) are displayed and sold openly and presumably legally at stalls in a number of local Northern Rivers markets. The products, ranging in price from $30.00 (10ml) to $175.00 (100ml) are refined from low-THC hemp grown and processed organically on a property near Lismore.

It is understood that samples from each crop are sent to Southern Cross University for verification of the 'Low THC' status (nil THC is not possible) that is marked on the labels. The bottles also state 'Not to be taken internally'.

A similar warning, advising against human consumption, was long attached to the (low THC) hemp seeds processed at a Bangalow factory, until regulations changed last year and the product, claimed to be highly nutritious, could be marketed as a 'food'. The move, which saw the business grow, was welcomed by local MPs because of the boost to local employment.

While a very different product, CBD oil may well emulate the hemp seeds journey in the future, the question being how long before it is classed as a 'medicine', albeit not the miracle one many might wish for.

Cannabinoids in Neurology

by Dr Bob Lodge, FRACP

For such an important body system and one that, in evolutionary terms, has been around for so long, why is it that we know so little about the endocannabinoid system (ECS)? And, why do we so rarely utilise the potential benefits of agonists and antagonists of the ECS? The answers are complex but interference by (misinformed) politicians and the influence of societal cultural beliefs are likely culprits rather than lack of inquisitiveness/failure of scientists and medical researchers.

This article will provide an introduction to cannabinoids in general and to ECS specifically and will touch on our current understanding of cannabinoids in neurological disease. There will be no attempt to discuss the importance of ECS in other fields (e.g. metabolic medicine, psychiatry or oncology) nor to discuss medicolegal issues such as medical prescribing in Australia or cannabinoids and driving. Recreational use of cannabinoids is also outside scope of article.

1. HISTORY

Humans have been aware of marijuana since at least 3000-4000 BC with initial use of marijuana originating from Central Asia. Chinese Emperor Shen Nung (2700 BC) described treatment of beriberi, malaria and forgetfulness and was recorded as stating "if taken over a long-term it makes one communicate with spirits and lighten one's body"! Despite this long history, it was not until 1964 that tetrahydrocannabinol (THC) was first isolated and then in the late 1980s, cannabinoid receptors in the rat brain, followed in 1991 in the human brain, were identified. In the 25 years since, endocannabinoid receptors (CB1 and CB2) have been identified and cloned throughout the CNS/PNS and other body tissues. A variety of endocannabinoids (e.g. anandamide and 2-AG), that act upon these receptors, have also been identified.

2. CANNABINOIDS

So what do we mean when the use the word cannabinoids? It is easiest to think of 3 different groups. Firstly, phytocannabinoids which come from plants e.g. the marijuana plant. Secondly, endocannabinoids, which we all produce in our various bodily systems. Thirdly, synthetic cannabinoids are made in laboratories by scientists in great numbers and varieties. To conceptualise cannabinoids, it is helpful to construct a chart, comparing cannabinoids and opiates (see below).

CANNABINOIDS Vs OPIATES

	CANNABINOIDS	OPIATES
PLANTSOURCE	CANNABIS SATIVA	PAPAVER SOMNIFERUM ("OPIUM POPPY")
PLANTDERIVED	THC, CBD	MORPHINE
SYNTHETIC	DRONABINOL	OXYCODONE FENTANYL
ENDOGENOUS	ANANDAMIDE, 2-AG	ENDORPHINS
ROLE	"HOMEOSTASIS" etc etc	INHIBIT PAIN

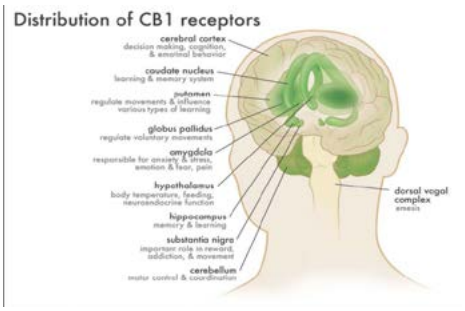
3. ENDOCANNABINOID SYSTEM

ECS is old! Truly old in evolutionary terms! ECS has been identified in the invertebrate "sea squirt" which has been around for about 600 million years. All vertebrates and many invertebrates have an ECS.

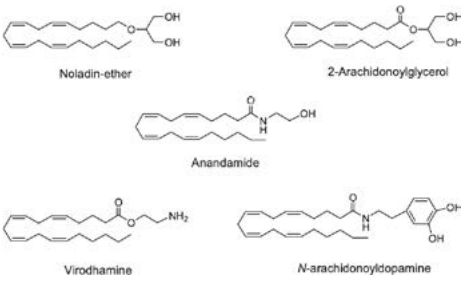
Interestingly, in humans, the density and number of cannabinoid receptors (CB1

and CB2) is greater than the aggregate of dopamine and serotonin receptors. Which makes one suspicious that the ECS is likely to be a "significant player", not mere "bystander" in humans, especially in homeostasis.

Cannabinoid receptors are typically G protein–coupled receptors. CB1 receptors are among the most abundant receptors in the brain, present in almost every brain region and also located in a variety of peripheral tissues, including adipose tissue, liver, muscle, the GI tract, and pancreas. CB2 are present in greater numbers outside CNS, including spleen, bones and skin. Several other endocannabinoid receptors are now being identified e.g. intracellular receptors such as PPARs.



The race is on to identify more endocannabinoids, some of which are listed below.



ECS functions through many mechanisms. In the CNS, ECS activity is mediated through post-synaptic release of endocannabinoids acting upon pre-synaptic endocannabinoid receptors e.g. CB1 which can then modulate neurotransmitter (e.g. GABA or glutamate) release.

4. USE IN NEUROLOGY - SOME OF THE EVIDENCE

4.1 EPILEPSY

The evidence for efficacy of cannabinoids, specifically CBD (cannabidinol) in childhood epilepsy, is compelling. This has been particularly demonstrated in Dravet's syndrome and Lennox-Gastaut syndrome with recent trials in the NEJM leading to approval from the FDA. There is a lesser body of work in adult epilepsy but plenty of promising trials are being conducted around the world.

4.2 PARKINSONS DISEASE

There are several small trials demonstrating symptom improvement with cannabinoids in the motor symptoms of Parkinson disease, particularly rigidity and dyskinesia. This not surprising given evidence of ECS involvement at several levels of motor control. However, there does not seem to be much benefit in tremor. Significantly, there is possibly most benefit in management of non-motor symptoms including anxiety, depression, disturbed sleep and pain.

4.3 MULTIPLE SCLEROSIS

There are five random control trials utilising nabiximols (50% THC / 50% CBD) in management of MS, demonstrating overall benefit.

A review, *Cannabinoids for Treatment of MS Symptoms: State of the Evidence* by Rice et al in June 2018, concluded "the best evidence is for spasticity and neuropathic pain".

Given the restrictive and onerous prescribing restrictions of cannabinoids in Australia, it is noteworthy that in December 2017, the Australian Government Department of Health released a publication **"Guidance for the use of medicinal cannabis in the treatment of multiple sclerosis in Australia"**. This is a wonderful review of the subject, for both clinicians and patients. The recommendations within were supported by 145 references!

4.4 PAIN

There are endocannabinoid receptors throughout the length of pain transmission, commencing at peripheral nerve terminals and involving peripheral nerves, dorsal root ganglia, dorsal horns and the brain. (Both CB1 and CB2 are found at all sites except for the brain, which is mostly CB1).

We may be starting to understand how paracetamol works as there is good evidence that paracetamol, in part, works through "facilitation of endogenous cannabinoids signalling via one of its metabolites".

Systematic review of 15 RCTs of cannabinoids in chronic non-cancer pain, published in British Journal of Clinical Pharmacology in 2010, concluded "evidence that cannabinoids are safe and modestly effective in neuropathic pain with preliminary evi-

dence of efficacy in fibromyalgia and rheumatoid arthritis". A more recent **systematic review of cannabinoids in chronic pain, published in the JAMA by Whiting et al** in June 2015, revealed an overall 40% improvement in pain versus placebo.

5. SAFETY OF CANNABINOIDS

In 2014, **a systematic review of safety of medical marijuana** conducted by Academy American Academy of Neurology and reported in journal Neurology stated "Risk of serious adverse psychopathologic effects was nearly 1%". My response to that review was "medical marijuana" was safer than expected!

Indeed, a discussion about the safety of cannabinoids needs to be held within the context of the epidemic of opiate abuse and mortality. For better or for worse, there are no recorded cases of fatality with CBD. An explanation for this is the scarcity of CB1 receptors in brainstem compared to the high concentration of opiate receptors.

6. FUTURE OF MEDICAL USE OF CANNABINOIDS

The future is today! Already, around the world, medicinal cannabis is accepted as a therapeutic option for a long and varied list of conditions. This has been true for 20-25 years, particularly in countries such as Canada, Israel, Germany, Denmark and UK. We are so far behind here. As a recent attendee at CanneX 2018, an international conference on medicinal cannabis, one felt like a pariah to have AUSTRALIA, on one's name badge. It is instructive to note that 33 of 50 US States have enacted medicinal cannabis laws.

In a world of increasingly expensive medications, it does seem appropriate that we hone in on one of the body's homeostatic systems and find appropriate agonists and antagonists that may potentially aid in management of symptoms and pathological processes.

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Inverell - St Elmo Medical Practice, 27 Oliver Street
Tugun – Suite 2B, John Flynn Medical Centre, 42 Inland Drive

FRACS Fellow of the Royal Australasian College of Surgeons

"Stop talking nonsense on cannabis"

by Robin Osborne

Lismore psychiatrist Harry Freeman is a straight talker whose words may not please everyone, especially lawyers, doctors and politicians when it comes to discussing cannabis.

"The only objections to a sensible approach on cannabis availability and consumption come from those in positions of authority," said Dr Freeman over a green tea in a Lismore café.

"They talk nonsense, bring nothing to the subject but prejudice and ignorance, and have done so for too many years. All this stuff about the supposed harm caused by consuming marijuana is total rubbish."

For the record, he is not talking about low-THC cannabidiol (CBD, discussed elsewhere in this issue), but the potent variety of hemp that gives users a high.

"The subject has been moved into the 'ethical and moral' space colonised by sectional interests - including the alcohol lobby whose behaviour, frankly, makes me feel morally injured.

"The consequences of the way we promote and swill alcohol is horrendous, and the damage has been proved statistically time and again."

'He greatly admires the work of British neuropsychopharmacologist David Nutt, sacked in 2009 from the UK's Advisory Council on the Misuse of Drugs for arguing that illicit drugs should be classified according to the actual evidence of the harm they cause.

Dr Nutt has written that, "If you really cared about health you would encourage the development of safe alternatives to alcohol because alcohol kills 2.5m people a year worldwide and it would be perfectly possible to ask scientists to go away and find a safer version.

"Any sensible person or scientist knows that the drug laws are not based on the science of drugs. And it's a collusion among scientists, politicians, and to some extent the public, to ignore that."

Dr Freeman says an appropriate response to the issue of cannabis - 73.9% of Australians do not support the possession of cannabis being a criminal offence **https://theconversation.com/most-australians-support-decriminalising-cannabis-but-our-laws-lag-behind-99285** - should be "decriminalisation with some regulation".

In the latter regard he advocates setting the age for cannabis consumption at the early-mid 20s: "I firmly believe it's not a suitable substance for the vulnerable."

The drinking age of 18 years also concerns him, although he recognises that at this point in time it is a difficult area in which to make changes.

He finds recent research on the clinical benefits of 'recreational' drugs such as psychedelics - see previous issues of GP Speak - to be "interesting and seemingly worthwhile... although how ironic that this [e.g. LSD and psylocibin] 'should first be trialled in the palliative care setting, with MDMA (ecstasy) being used by war veterans who've been prescribed just about everything else."

Dr Harry Freeman, psychiatrist

Dr Freeman is in favour of people who feel CBD may benefit them to consider exploring the use of the low-THC cannabis used in the oils that can be prescribed by doctors with the time and inclination to go through the TGA's hoops.

"Of course one can simply buy CBD oil at our local markets," Dr Freeman observed.

Cannabis policies in the news

One Australian GP to be less than impressed with the nation's medicinal cannabis policies **went public** earlier this year to criticise access in Australia as "unworkable".

The Adelaide doctor, who spoke to nine.com.au on an anonymous basis, said, "the oppressive bureaucracy surrounding medicinal cannabis sits in contrast to the way pharmaceutical opioids are dispensed to patients."

'Caroline' told the network at least one patient a week was visiting her GP practice and asking about medicinal cannabis, frequently in regard to chronic pain. She said it was "too hard" for doctors to navigate the Special Access Scheme (SAS) laid out by the Therapeutic Goods Administration (TGA).

"The SAS scheme is unworkable from a realistic point of view," Caroline said. "That process involves jumping through many state and federal hoops," she added, claiming that most GPs, already under extreme time constraints, won't even look at medicinal cannabis because of the red tape.

"It concerns me that I can write a script for an opioid, and I can write a script for dexamphetamine for people with ADHD. I can write scripts for substances that have great capacity for harm and which need to be used in a very careful way.

"And yet here is another option for pain and palliative care, epilepsy and all these other carious conditions ... but I can't write a script for that. It seems to be illogical.

"All the pain medicines I prescribe carry the potential for significant harm, and all have a sting in their tail."

Caroline claimed GPs have been given little guidance or information from key bodies, such as Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP), on how medicinal cannabis could be of benefit to patients or the SAS process.

State and federal government needed to make some "courageous" decisions to improve access to what is now a legal drug, she said.

Faces on the wall

by Robin Osborne

'Heart and Soul', a spectacular photographic portrait exhibition, was a highlight of 2018 at Lismore Regional Gallery. Between them, locals Peter Derrett OAM and Jacklyn Wagner have documented life in the Northern Rivers for almost 80 years.

Always an aficionado of theatre, Peter Derrett kicked off his photographic career by documenting the legendary 1973 Aquarius Festival in Nimbin. In his 'day job' he was a highly regarded drama and English teacher at Trinity Catholic College for 36 years, establishing the Theatre North company with his wife Dr Ros Derrett OAM in 1981.

Gallery director Brett Adlington calls Peter a "fixture in the region ever since", perhaps making him sound like a plumbing item or a static installation. In fact he has long been a tireless creator of technically superb and conceptually unique images.

Peter's work has been published in numerous publications, and exhibited nationally and internationally, with his participation in this two-person show being an undoubted highlight.

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Personal disclosure: Jacklyn Wagner was our lowly-paid snapper when, with Jennie Dell, I edited the Lismore Echo decades ago. With an impressive portfolio of work, she was later snapped up by The Northern Star, becoming their first female photojournalist. As we expected, she went from strength to strength. People were always her forte - she could persuade anyone to pose, and to look as if they weren't posing.

Peter Derrett, Alethea Jones, 2017

Jacklyn's half of this show builds on her 2001 'Southies' project, which documented inhabitants of South Lismore. This work now resides in the Gallery's permanent collection, as will Heart and Soul, which concluded in late November.

"My deep thanks goes to both Jacklyn and Peter for sharing their vision with us, and also to our curator, Fiona Fraser who has worked closely with them to realise this project," wrote Brett Adlington in his catalogue notes.

✧ ✧ ✧ ✧ ✧

Wearing his 'gardening scrubs' for this superb photograph, Dr Curtin recalled fancying himself as an aeronautical engineer but knowing he wasn't adventurous enough. So he decided to look down, rather than up, and went for medicine. Now it's impossible to imagine his doing anything else.

Jacklyn Wagner's portrait of surgeon Austin Curtin

At USyd he helped support himself doing odd jobs like removing rubbish, pub work, and, best of all, being a hand at the flower sellers at Paddy's Markets in Haymarket. In his second year he met Annie and in 1975 they married. They now have five children and seven grandchildren. Graduating in 1976 Austin became an intern then registrar at Royal North Shore Hospital. In 1982 the family of four moved to Belfast, Austin took up a surgical trainee position, and their third child was born.

In the early 80's Austin did a locum for Dr Bill Buddee in Lismore, setting the scene for a career as a respected and much-loved and admired Lismore surgeon. He has now cut back on his work load considerably. In 2014 and 2015 Austin worked in Afghanistan and Iraq as an army surgeon. He is a lieutenant colonel in the Australian Army.

My island home

by Robin Osborne

One of the region's best known artists, Bundjalung man Albert 'Digby' Moran recently held a true blockbuster of an exhibition at Lismore Regional Gallery. The hangings featured a selection of mostly large works – many of them nearly two metres wide – inspired largely by his early life on Cabbage Tree Island in the Richmond River.

Happy Times (detail), 2018, acrylic on canvas, image: Linda Cunningham

While many took their subjects from local

Bundjalung artist Digby Moran with Lismore Flood, one of the highlights of his 'Growing up on the Island' exhibition at Lismore Regional Gallery.

creatures (Lorikeets, Mud Crabs, Mullet Hopping, Whiting Season) and events (Grass Fire, Cane Fire, Meeting Place) others were darker in nature, not surprisingly given the oppression of Aboriginal people in the area. For example Rivers of Blood, which Digby explained is "about the massacres and blood running down the river... I feel very sad about stuff that happened in the past... But I still feel I've gotta tell those stories."

Others, such as the stunning work Happy Times are of a cheerier nature, with the brilliant colours powering into the viewer's field of consciousness.

"Growing up on the island with all my family and cousins was a happy time," Digby recalls, "the best time of my life... We had a lot of freedom but there was always someone looking out for you. That's how they did it. Everyone looked out for one another."

Unfortunately many people had to struggle alone when the devastating flood hit an unprepared Lismore in March-April 2017. Like so many homes and businesses, Digby's studio, located in the basin, went under. His recent works, around a year's worth, were ruined and had to be thrown away.

Writes Lois Randall in the catalogue for the 'Growing up on the Island' show, "It's wonderful to see his resilience with this new body of work which, despite his loss, is largely imbued with happiness, shimmering with his extraordinary energy and spirit."

The work Lismore Flood was a flood affected but blank canvas that Digby painted on to capture the murkiness and intensity of the flood waters. It turned out to be one of the highlights of the exhibition, showing how adversity can be used as a catalyst for wonderful art.

Cane Fire, 2017, acrylic on canvas, image: Linda Cunningham

Bundjalung art project gets under way

by Andrew Binns

At an Aboriginal advisory committee meeting to the Lismore Regional Gallery some years ago advice was given on the Northern Coast Primary Health Network's (NCPHN's) project called Art on Bundjalung Country which was aimed at linking art, health and wellbeing. This project has now been commissioned by the NCPHN to Arts Northern Rivers.

At the meeting a comment was made by one of the Aboriginal arts advisors that if we really wanted to take art and health seriously we should consider the health and wellbeing of those who are incarcerated. Little thought is given to the plight of this significant group of people in our community.

Our jails are bursting at the seams and there is a significant disproportion of Aboriginal people spending long periods of their lives in corrective services. Recidivism rates are high.

Other countries, including those in Scandinavia, do better at managing their jails and using the window of opportunity whilst incarcerated to rehabilitate their prisoners for life after release. Matters such as housing and future employment are addressed as well as mental health and drug and alcohol problems.

More needs to be done in Australia but there are models such as Balund-a in our region to address matters aimed at reducing re-offending. There are many diverse programs delivered to the residents at that diversionary **NSW Corrective Services facility** located on a property south of Tabulum.

These include addressing cultural engagement with involvement of Aboriginal Elders. Also there are arts classes from which many great works are created. The problem is there is little opportunity to view or purchase this art.

The Art on Bundjalung project hopes to correct this by being able to see this work on a website similar to a project in Victoria called **The Torch**.

This is a work in progress but more will be revealed in GPSpeak next year and will include an art market.

Rehab benefits those who stay on

by Robin Osborne

They tried to make me go to rehab

I said, no, no, no…

- Amy Winehouse, Rehab

From just one page of today's paper I learn that two young Queenslanders were busted carrying 18 MDMA tablets to the 'Rabbits Eat Lettuce' bush-doof near Casino, while police were investigating the discovery of a 20kg package of cocaine found floating off the coast near South West Rocks.

And that's just locally.

To say we are living in a drug riddled society is a massive understatement, despite the many medical and law enforcement efforts to reduce the usage of legal and illegal substances, not least alcohol produced by companies that continue to be major sponsors of sporting clubs and events.

One initiative has been the development of 'therapeutic communities', or TCs, residential rehabilitation facilities known in Australia and overseas to have considerable success with those addicted to drugs and alcohol. But not to everyone, according to a newly published study* on why some clients withdraw early and how the programs do help those who go the distance.

The study was conducted by researchers** associated with the University of Sydney, the University Centre for Rural Health North Coast, the University of Wollongong and the drug and alcohol facility The Buttery, near Bangalow. It was prompted by the knowledge that "low program completion rates, ranging from 9% to 56%, continue to represent a major obstacle in effective and sustainable DA treatment".

The aims were to explore reasons for early withdrawal from TC programs and clients' perceptions of successful recovery. The study also aimed to explore how employment and volunteering related to early exit and perceptions of positive outcomes.

'If I hadn't had gone through the <rehab organisation> I'd probably be dead to be honest.'

The team noted that, "Length of stay in treatment is associated with higher levels of abstinence, reduced crime and unemployment, and improved quality of life," explaining that, "Predictors of early withdrawal have therefore been explored to identify clients who may be at increased risk of dropout and enable more appropriate referral to TC services for clients who are most likely to benefit from the program."

Attempts, not all successful, were made to contact 35 residents who had left the TC program early. In the end, 13 interviews were conducted (7 male and 6 female). The age range was 31–61 years, mean age 44 years. Reasons given for leaving treatment early were multi-faceted and revolved around positive and negative relationships, planning future employment, and program characteristics.

Nearly one-half had entered the program because of alcohol dependence, 31% had stayed 5-8 weeks, and the same number longer than 16 weeks.

Self-worth and feeling able to contribute to society through employment, studying and volunteering were perceived to be essential elements of successful recovery: "For many, it was only after leaving the TC program that they began to understand and appreciate the skills they had learnt and recognised the importance of ongoing DA treatment," the researchers found.

The team noted that low program completion rates of TCs continue to represent a major obstacle in effective and sustainable drug and alcohol treatment, advising that clinicians, policy makers and program developers should use the extended definition of successful recovery from the ex-clients' perspective when determining the clinical and economic effectiveness of TC programs.

'… anything you'd put in front of me that would change the way I felt and make me feel a bit better I'd take it.'

"Perceived success extends far beyond achieving and maintaining abstinence to encompass improved relationships, psychological and physical wellbeing, understanding of addiction and employment, studying and volunteering," they concluded.

* BMC Psychiatry 18 Sept 2018 -

Factors influencing early withdrawal from a drug and alcohol treatment program and client perceptions of successful recovery and employment: a qualitative study - **https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-018-1864-y**

Tarran Prangley, Sabrina Winona Pit, Trent Rees and Jessica Nealon.

Positive Response to UCRH GP Workshop

The UCRH hosted a day-long GP workshop as part of our GP engagement strategy for capacity building in our undergraduate medical program.

The morning teaching sessions combined best practice pedagogy in mentorship of medical students and junior doctors and was delivered by local GPs and UCRH staff Dr Jane Barker and Dr Christine Ahern. The afternoon was dedicated to Emergency medicine training relevant to potential emergencies in the GP setting, and was facilitated by UCRH staff Dr Martin Duffy, Dr Irfaan Jetha, CNE's Bec Austin and Michael Steenson.

The emergency training included the delivery of Basic Life Support and CPR (the course was accredited by ACCRM).

Feedback from participants was overwhelmingly positive, particularly with regards to the way the education was targeted at the GP setting, and the opportunity the day allowed for networking with other doctors from the region. With the success of this workshop , another workshop is planned in 2019.

Sharing gives me the PIP

by David Guest

In his **20 September 2018 blog**, Dr Edwin Kruys, former Vice President of the Royal Australian College of General Practitioners (RACGP), writes of the increasing consolidation of Australian health data and its analysis within the Federal Department of Health.

May 1st 2019 will see changes to the Australian Government's Practice Incentive Scheme, with the abolition of practice incentives for asthma, cervical screening, diabetes, quality prescribing and aged care access. While the exact nature of the replacement is not known, the previous plan was shelved just prior to the May 2018 Budget. It envisioned an all encompassing Quality Improvement payment and this remains the most likely basis for the new system.

Primary Health Networks (PHNs) will play an important role under these new arrangements. The QI program will require upload of de-indentified data forthe local PHN to assess whether practices are complying with the requirements of the program. The aggregated data may in turn be uploaded to the Federal Department of Health. The Department is looking at Key Performance Indicators (KPIs) for the program. These are likely to apply at PHN, practice and possibly intra-practice level. It looks like KPIs all the way down.

Like the My Health Record, patients will have no control over their aggregated de-identified data. Analysis may be undertaken at the Federal and PHN levels and possibly by the practices themselves. Despite their requests, the AMA and the RACGP, organisations representative of the profession, will be shut out of the process. Following the defunding of the BEACH (Bettering the Evaluation and Care of Health) program in 2016 this further consolidates control of the national health data within the Department.

KPIs have had a chequered past in primary health care. If they are directed at disease measures and outcomes, the focus moves from care tailored to the patient to achieving the target. The more cynical might even be tempted to change their practice demographics to improve their stats. "**Buffing the chart**" is actually an accepted part of medical practice in some countries.

The current crisis in the aged care sector is partially related to the deskilling of the nursing and pharmacy workforce. The loss of the aged care access component of the practice incentive payment may cause more GPs to drop nursing home visits, a fact bemoaned by Dr Frank Jones, former president of the RACGP on **Dr Kruys' blog**.

One approach that the Department might be considering is defining quality practice as caring for the patient from the cradle to the grave. Larger practices of GPs with diverse interests may prove to be better able to provide this level of care. It would however represent another major change to the structure of general practice.

If the QI pip does not provide sufficient incentives or if practices are concerned about the process in general, the financial impact of opting out will be high for many general practices. In conjunction with the Medicare freeze of the last six years the PIP loss will result in further deterioration in the status of general practice and push more young doctors into specialty areas. This will be a poor outcome if patient centredness is considered a worthwhile attribute as described by **Drs Lembke and Jammal recently on Life Matters**.

Orion communication tool linking up health teams

Dr Peter Silberberg, a GP at Jullums Aboriginal Medical Service in Lismore and Chair of NCPHN's Northern Clinical Council, has signed up to trial the Orion Shared Care tool to enhance communication between teams of health care professionals. And he recommends other GPs take a look at it.

The Orion Shared Care Tool is a collaboration between the Northern NSW Local Health District, North Coast Primary Health Network (NCPHN) and NSW Health's eHealth. It is a shared care planning tool for patients with complex and chronic needs. It allows the GP and other team members to create and update a living care plan.

It lets care team members add other information about the patient and makes it easier to securely share information between care team members. The tool integrates with Medical Director and Best Practice for GPs. Other clinicians access it via a web portal.

The free to use system is external to My

Health Record and Peter said he's using it for patients he sees who are linked to Community Mental Health.

"Orion allows me to see their three-month psychiatric reviews and I can also have direct communication with their case workers. Orion allows me to share basic information such as past history, medications and allergies and I can easily download letters or health summaries.

"So far I'm impressed by this new electronic system even though I'm a slow up-taker of new systems. I'm still not on Facebook!"

Peter was trained by Northern NSW Local Health District's Orion team and he said they are easily contacted to obtain support. He is also giving the team useful feedback to make the system more user friendly and clinically useful.

He said that while there was about five minutes involved to set up the care team for a patient, once that's done it's fairly quick to keep track of new messages as he receives an email notification when a new message is added.

Peter is pleased to have the opportunity to be part of a new e-health system that allows better communication with colleagues working for the Local Health District.

Emergency training a highlight for medical students

UNIVERSITY OF WOLLONGONG AUSTRALIA

L-R Felix Loschetter, Keiran Davis, Matthew McHugh, Jack Archer

If you have visited your local GP or attended an Emergency Department (ED) recently in Grafton or Maclean, you may have noticed some fresh faces assisting with your care.

The Clarence Valley is currently hosting four medical students from the University of Wollongong who are spending 12 months living, working and training in Northern NSW.

As part of their medical degree, Keiran, Matt, Jack and Felix spend part of their week working in the Emergency Departments at Grafton Base Hospital and Maclean District Hospital.

The ED is often one of the most rewarding and challenging experiences of a regional placement, and the upcoming Jacaranda Festival adds an extra level of complexity to an already busy environment.

To stay ahead of these challenges, students and staff participate in simulation-based education designed to reflect the real stressors and complexities that Emergency Department staff may experience.

"The ED provides exposure to such a wide variety of cases, from the least urgent, to those requiring resuscitation or immediate transport by helicopter to a bigger center. The team work and coordination is such a big factor," Medical student Keiran Davis said.
Students also immerse themselves in the community during their stay, this year participating in the dragon boat race as part of the Festival.

"Jacaranda is such a fun time to be in Grafton, and we look forward to the festivities on Jaca Thursday," Medical student Jack Archer said.

The University of Wollongong (UoW) has a strong focus on attracting medical students with rural or regional backgrounds, and has been placing medical students in the Clarence Valley region for clinical placements since 2009.

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Network News

by David Guest

Secure medical communication started in Australia in the mid-nineties with simple home spun solutions. Since then, a number of companies have developed secure communication as a service to medical practitioners. Over the ensuing years some of the early providers have disappeared and there has been consolidation in the market.

The current providers' systems are incompatible with each other, making it frustrating for end users who complain it is like being on Optus but not being able to call Telstra phones. While it is feasible to bridge data from one provider to another, it is never in an individual company's interest to enable this.

The fear is losing customers to a rival or worse incurring the technology costs while the rival reaps the income. Discussions aimed at progressing a solution have been ongoing for years but the business problem has yet to be solved.

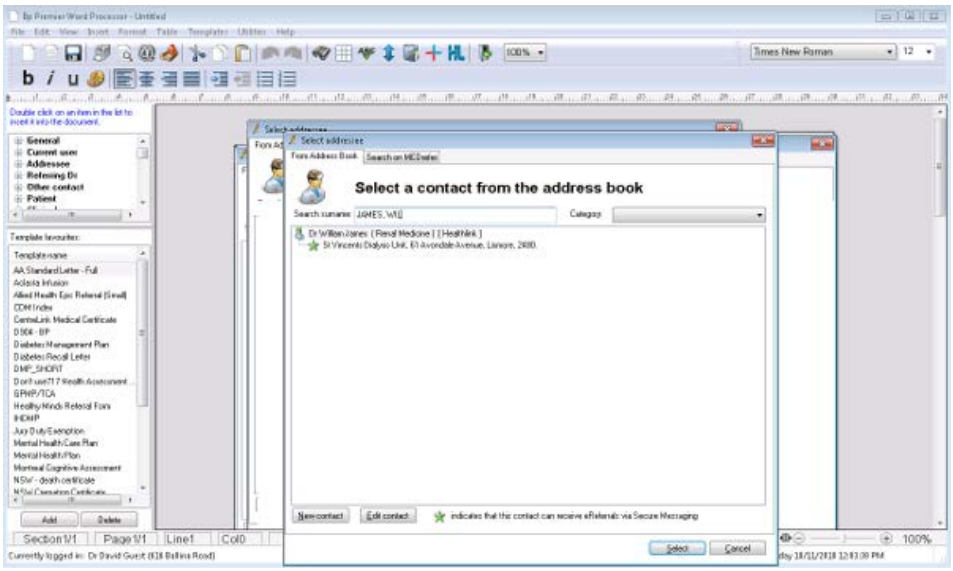
As with all communication technologies the bigger the provider's pool of customers the greater the value to any individual customer. This is described as the "network effect" and **Metcalfe's Law** shows that for large values of n the value of the system is roughly equivalent to the square of the number of nodes [n(n-1)/2].. To put it in more concrete terms, "Everybody is on FaceBook because everybody is on FaceBook".

The task for any individual platform is to get as big as possible as fast as possible. This may entail making losses in the early stages of the company. The history of technology is littered with examples from the early **telephone companies**, to **videotape formats** and to countless startups in the age of the Internet.

As a current day example Uber wants to own the ride sharing business. It has **never made a profit** and loses about a billion dollars per year. It has recently been valued at $120 billion. Shareholders are invested for the long term.

Healthlink is one of the major players in medical communication in Australia. Its business model has been to provide free services to general practitioners and generate revenue from paying specialists and diagnostic services. It has also **partnered with NSW Roads and Maritime Services** to streamline the lodging of routine Driver's License medical examinations (as previously reported in GPSpeak). It is used in the Northern Rivers by **Pathology North** for sending their reports.

Their network has been growing steadily over the last five years and has reached a critical mass at least for GP to GP communication. Setup guides for all the common GP electronic health records are available



and once the EHR address book has been configured for an individual recipient sending a secure document it is as simple as clicking a button.

Data is transferred at the practice level where it is handled and sorted by the practice's EHR. Users working at different practices will receive their correspondence at the correct site if this has been selected in the addressee box and configured correctly in the sender's system.

The online directory makes it possible to easily find the Healthlink practice address code for any particular user. Getting started is therefore a simple task.

In some EHRs, for example Best Practice, Healthlink users are identified by a gold star. This acts as a reminder to click the "Outbox" as well as print a copy of the letter for the patient. Transmission of the document occurs asynchronously but usually within 30 minutes and adds only seconds to the consultation length.

Unlike some other solutions, Healthlink's system retains the original formatting, which is appreciated by recipients.

Healthlink has hit the sweet spot for GP to "other" communication. It has a large number of users, is easy for the technical staff to configure, easy for practice staff to manage and update and, most importantly of all, simple for GPs to use.

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An excel spreadsheet with the addresses and Healthlink practice identifiers of all North Coast practices is available on the GPSpeak website and has also been uploaded to the **Nordocs Facebook group**.

There are currently 147 practices registered with Healthlink and the file provides the code that is required by the sender's electronic health record.

Updating the address book is a simple task and can be delegated to practice staff. Practices that wish to register for Healthlink will need their identifiers from Medicare (via **Proda,** the Provider Digital Access portal), the **National Authentication Service for Health** (NASH) and the **Australian Health Practitioner Regulation Agency** (AHPRA). Completing the online **Service Application Form** ensures that all the required information has been collected and sent by mail.

Where past, present and future merge

China is the powerhouse of world economic growth and Australia's largest trading partner. Clinical Editor ***David Guest*** *shares his impressions of a massive nation on the move.*

> *"China is a big country, inhabited by many Chinese. "*
>
> *— Charles de Gaulle*

Chinese civilisation dates back several millennia. Its history is one of successive dynasties rising and falling as a result of war and conquest. Unlike Western societies its culture has been one of almost continuous development and many of the West's societal, agricultural and industrial processes started there.

On every level, China's development is continuing at a frenetic rate.

A dark age can be defined as a period where there is a loss of internal control over society and domination by external cultures. China's dark age is the **Century of Humiliation**, from the First Opium War (Anglo-Chinese War) to the emergence of Communist China in 1949. Control of the economy by Western powers in the 19th century and invasion by the Japanese in their two wars of the 20th century continue to have a profound effect on Chinese psyche and society.

Face, as in "**losing face**", is an important facet of personal and business relationships in China. It is also significant on a national level. The fascinating development of China over the last 70 years reflects the nation's determination to never be vulnerable to such subjugation and humiliation again.

China was a pure communist country under Mao Zedong. The **Great Leap Forward** in the 1950s resulted in widespread famine. The **Cultural Revolution** of the sixties resulted in the loss of high level skills in the economy and significantly retarded growth. After 1978 the country converted to a "**socialist market economy with Chinese characteristics**" and the economy started to take off.

Large state owned enterprises still make up a significant proportion of the economy. The rest comprises a highly competitive private market. Since the reforms of Chairman Deng Xiaoping in the late seventies, Chinese annual growth rates have varied between 6 and 12 per cent, two to four times higher than the West's. Experiments in commercial markets have focussed on **Special Economic Zones** where foreign investment and technology has combined with Chinese zeal to create the economic powerhouse of today.

These **developments** have lifted half a billion people out of poverty in the last 30 years. Income levels now vary widely across China, with the citizens in the coastal towns enjoying a level of affluence equal and in many cases exceeding those in the West. However, extreme poverty still persists particularly in the more rural areas of western China.

Today the family is almost as strong as an economic unit as it was under the old imperial systems. Social security provisions are minimal and many young Chinese have moved to the new coastal economic zones, living in dormitories and sending most of their earnings back home to their parents.

Life may be better than it was but looking after the family weighs heavily on the minds of young Chinese men and women. Arranged marriages are still common and the burden of looking after the family falls to the sons.

Following the one child policy of 1979 (relaxed to a two child policy since 2016) the number of young males exceeds females by 34 million. As a result a mother can be picky about her future son-in-law. To even have a chance the **prospective groom must have the five Cs** (cash, car, condo, credit card and career).

The Chinese "love money" and their focus on materialism seems strange to Westerners but it is clearly understandable given their history both distant and recent. "Keeping up with the Wangs" is an even more important societal pressure in China than it is in the West.

It is said that in the fifties, during the famine, the greeting of Chinese housewives was "Have you eaten?". As economic conditions improved the question changed to "What have you been watching (on television)?". In the noughties overseas travel became a reality for an increasing number of Chinese. The greeting became "Where have you been?". These days, judging by Beijing traffic, it is probably "Where did you get your Audi serviced?"

The rapid urbanisation and industrialisation of China is directed through government policies. From a largely rural population in the fifties, it is estimated that by 2025 one billion of China's 1.4 billion will be living in cities. Apart from the major provincial capitals that range in size from 10 to 30 million people there are thousands of smaller communities building Gold Coast sized communities along the banks of the river or by the side of the highways and railway lines.

Back of the envelope calculations suggest that even with one thousand occupants per 40-story apartment block the Chinese are building over one million high rises. Managing such a task is probably only possible under a communist regime and **getting the allocation of resources right is a Herculean task**. In the **current economic climate** one can clearly see that many of these constructions are temporarily on hold. Getting the "market" component of "market socialism" right is the hard part.

"It's always cloudy in Chengdu" joke some of the locals and it is a **common problem** along the banks of the Yangtze, where a third of China's population live. The "cloudiness" is reminiscent of similar conditions that used to affect London and Los Angeles. While everyone understands the cause it would be impolite to be too explicit. Improving air quality is a key component of President Xi Jinping's environmental policies under the current Five Year Economic Plan

China is investing heavily in electric vehicles. Chinese manufacturers along with the American owned Tesla company are expected to account for 12 per cent of all new car sales in 2020. Electric vehicles are easily identified on Beijing streets with their green, rather than blue, license plates.

As a way of addressing its air pollution China is also **switching from coal to nuclear power** for an increasing proportion of its energy needs. . However, as in the West, the program has slowed following the Fukushima Daiichi nuclear disaster in Japan several years ago.

Great Firewall of China

Westerners visiting China should be prepared to go without access to many of their usual websites. The alternative is to invest in technologies to circumvent **the Great Firewall of China**, Sites blocked include Wikipedia, Facebook, Twitter, Amazon and Alphabet (Gmail, Youtube, Google Maps, etc.). Curiously, Western media like Fox News are not filtered but the BBC and the ABC are unavailable, presumably because they are too left wing for the Chinese Communist Party.

Preparation for a trip to China should include downloading any books you may want to read to your phone or ipad, caching maps of the areas where you are going to stay and making sure all the applications you may need have been installed on your phone prior to departure.

If you wish to access blocked sites you will need a virtual private network (VPN). This directs all the traffic from your phone to an unblocked computer in the West and this computer in turn accesses sites on your behalf. Although there are many VPNs from which to choose, Chinese censors have begun closing down VPNs that become more popular. New services are constantly replacing them and it has become a never ending game of whack-a-mole.

Even if you establish a connection to your favourite sites, new internet monitoring tools, like deep packet inspection (DPI), identify encrypted tunnels and allow the censors to slow these connections to the point of making them unusable.

The aim of the Chinese censors is not to make a tourist's life difficult but to **protect Chinese citizens** from the corrupting influence of Western media and to manage the propagation of internet trends and memes. There are no **Festivals of Dangerous Ideas** in China.

Food in China is cheap and plentiful. Freshly cooked meals with large amounts of vegetables are the staple although freeze dried foods are becoming more common in Chinese supermarkets. The quality of the produce is variable and contamination such as the milk powder scandal makes even the Chinese wary.

High density living plus the high cost of car ownership forces most urban Chinese to use the excellent public transport system. Many Chinese will walk their 10,000 steps per day as part of their daily life. This, plus their traditional diet, has meant that obesity has not been an issue in the past.

Smoking remains common, particularly amongst the elderly, although it is increasingly rejected by the young. Health authorities report that increasing affluence leading to a sedentary lifestyle combined with a more Western diet will make diabetes and cardiovascular disease critical issues for Chinese health authorities over the next decade.

China has lifted hundreds of millions of people out of poverty over the course of the last 40 years. The economy has moved from rural production to manufacturing and, as in the West, its future will be in services.

"What got you here, won't get you there" has rung **true for the leaders of the Chinese Communist Party in the past**. It will be fascinating to see if the Party will evolve again as young educated Chinese urbanites take over as the driving force in the new economy of the People's Republic.

- David Guest

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Sullivan Nicolaides Pathology has had a dedicated pathologist at its Lismore Laboratory for over 25 years and has three resident pathologists. With expertise in surgical pathology and special interest in the sub specialities of breast, gastrointestinal, ophthalmic pathology, skin and cytopathology.

Dr Sarah McGahan MBBS, FRCPA

Dr Andrew Mayer MBBS (Hons), FRCPA

Dr Juan Ortiz MD, FRCPA

We are very pleased to welcome Dr Juan Ortiz to our Lismore team

Dr Ortiz joined Sullivan Nicolaides Pathology in 2017. Based at the Lismore laboratory he is passionate about patient care, research and teaching. He publishes in his fields of interest and in 2018 contributed to the chapter on ophthalmic pathology in the third edition of the text book Clinical Cytopathology, Fundamental Principles and Practice. He has lectured at The University of Queensland Medical School and taught medical students, pathology and ophthalmology residents rotating at HMH in Houston. He has presented at conferences nationally and internationally and is a member of the Royal College of Pathologists of Australasia (RCPA), the United States and Canadian Academy of Pathology (USCAP) and the American Association of Ophthalmic Oncologists and Pathologists (AAOOP).

As a pathologist at the only private pathology laboratory in Lismore, Dr Ortiz plays a key role in local healthcare. He is strongly committed to the delivery of high quality regional pathology services as well as taking an active role in the local community.

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One-in-three note health's "bullying culture"

A NSW government survey of more than 65,600 public health employees has reported a "toxic culture of bullying and harassment" that has seen more than one-in-three staff witnessing bullying in the past year, one-in-five (over 13,700 health workers) experiencing bullying behaviour, and one-in-20 being subjected to physical harm and/or sexual harassment or abuse at work.

These alarming statistics were reported in the health cluster focus of the NSW Public Service Commission's "People Matter Employee Survey 2018". However, according to NSW Health Minister Brad Hazzard the results were "better than ever" [dropping four percentage points since 2016] but showed "more needs to be done".

Leading doctors warned of the impact on patients, while former Mental Health Commissioner Ian Hickie said doctors and nurses would desert the public system unless the culture changed markedly. Professor Hickie believes bullying of junior training staff was "a particularly worrying trend... As soon as they finish training they'll be out into the private system."

Australian Medical Association NSW president Kean-Seng Lim called the results "truly disheartening", adding that under-resourced hospitals and overstretched staff exacerbated bullying and harassment: "When health providers are bullied or intimidated it is going to affect their capacity to provide quality care for patients."

The Sydney Morning Herald revealed recently that bullying allegations had led to Westmead Hospital's ICU being stripped of its training accreditation by the College of Intensive Care Medicine.

The survey found that more than 40 per cent of health staff had been bullied by an immediate or senior manager, leading to widespread lack of confidence in management's ability to resolve grievances, lead and manage change, listen to employees or take action as a result of criticisms.

A spokesperson for NSW Health said allegations of bullying were taken seriously, with $4.6 million allocated annually to funding "culture change plans" for Local Health Districts.

Life imitates art in the health system

by Robin Osborne

A few days after the Lismore script-in-hand reading of a play about bullying and other abuses faced by health care professionals, the NSW government released a damning survey showing the state's public health system is stricken with exactly the problems discussed in the play.

Grace Under Pressure was developed from in-depth interviews with doctors and nurses about their experiences of training and working in hospitals. It was written and directed by David Williams, with dramaturg Paul Dwyer, in collaboration with the Sydney Arts & Health Collective.

The play was commissioned by Sydney's Seymour Centre, where it was performed to acclaim last year, and The Big Anxiety project, supported by the University of Sydney's Department of Theatre and Performance Studies and the federal government's Australian Arts and Culture Fund.

Wrote a reviewer from The Buzz in Sydney, "... this is not fiction: the abuses that the healthcare workers face are happening every day in hospitals in every suburb..."

Stark confirmation came in the NSW Public Service Commission's 'People Matter Employee Survey 2018' - see story above.

The local reading of *Grace Under Pressure* was arranged by the University Centre for Rural Health and well attended by students involved in the medical, nursing and allied health training programs as well as staff.

Follow-up workshops enabled students to share opinions about the script and discuss strategies for dealing with the issues raised about health workplace/training culture.

The producers hope to undertake a regional tour of the full theatre production for wider Local Health District and general audiences in the future.

From the premiere of Grace Under Pressure at the Seymour Centre, Sydney, October 2017. Left to right: Dr Renee Lim (professional actor and medical practitioner) with fellow actors Rose Maher and Sal Sharah. Photographer: Heidrun Lohr.

Horses help kids to grow stronger

Equine therapy is becoming an increasingly popular support for young people who have experienced significant trauma, neglect or difficult life circumstances. Robin Osborne meets the 'horse whisperer' who helped found the program

Apart from talking horse Mr Ed, star of a 1960s sit-com, horses are not known for their conversational skills, but they are astute readers – not of books but of human emotions.

"This is why they're so valuable in helping to heal damaged or confused lives, the kind experienced by many young people who have experienced neglect, abuse or other kinds of trauma," said Michelle Hyde, northern coordinator of St Vincent de Paul Society's Breaking the Barriers (BTB) program.

BTB is funded through Vinnies shop sales and works with families and communities, including certain schools, where children are socially disadvantaged or at risk. School breakfast programs are one such investment, as is the Horses Helping Humans program run by renowned horsewoman Sue Spence at Tallebudgera, in the Gold Coast hinterland.

Sue, now dubbed a horse-whisperer, was a show jump champion during her early days in NZ and came to understand the therapeutic value of horses through her own battle with ADHD. What she did to calm her own stress she now puts into practice with others.

The combination of large horse and small person may seem an unlikely one, but there's ample proof that a well-managed interaction can deliver huge benefits in terms of children's personal wellbeing and social behaviour, often for life.

The 'secret' is that horses, despite their size and strength, are prey animals that flee if they feel threatened. Conversely, they behave with amazing warmth when the person approaching them controls their emotions, relaxes any stress, and behaves with what Sue calls "calm assertiveness".

Leaning back on your heels, rather than rocking forward on your toes is one tip Sue gives. Another is to let the horse see your hands clearly. No riding takes place, and safety around the horses is paramount.

Sue remembers the many children – more than 50 at last count – whom Vinnies has sponsored to undertake the five-hour program, either on a half-day or three-weekly basis.

Pictured at the Horses Helping Humans property in the Gold Coast hinterland are (l-r) Narelle van Egmond, Scottish born jockey Gina Mitchell, badly injured in a race fall, and program founder Sue Spence.

Take 11-year-old Jake [not his real name] for example. Growing up in a Tweed Shire town he witnessed frequent domestic disputes within his family, eventually leading to violence. His stepfather had alcohol issues, and his mother, who had brought two other children to the relationship, was taking drugs during the day.

Jake was performing poorly at school, often not attending, and when he did, being defiant to teachers and showing aggression to other students. Warnings came thick and fast, but what could the school system do? Jake was at his third school within two years.

"Jake was identified as living in an at-risk family, and it was considered vital that there be a positive intervention," said Michelle Hyde, an experienced social worker who liaises closely with various protection agencies. Vinnies BTB program is an important part of many care packages.

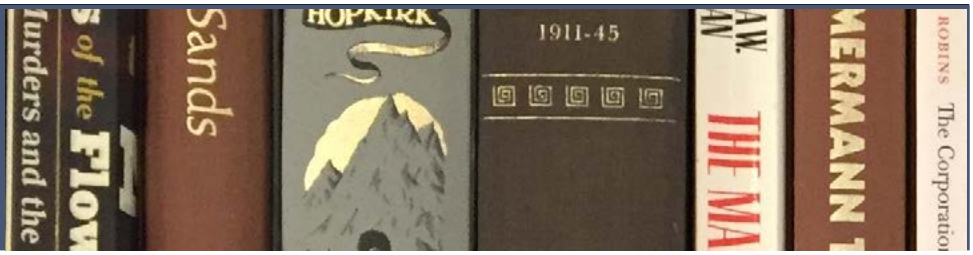
According to Sue, "When this boy arrived here he wouldn't look anyone in the eye, and showed no interest in the horses. We let him be for a while, and then I asked if he could hold the reins of a horse while I did some other jobs. Very slowly he came around, and by the end of the first session he was able to get the horse to follow him around like a pet.

"If you didn't know how horses function you wouldn't believe it possible, but he came right out of his shell, parked the latent aggression, and was already a changed person."

The young people learn to gently back their horses away from them to create healthy boundaries, how to circle their horses around them on a four-metre lead, encourage them over small jumps and lead them through an agility course. That this bonding can happen so quickly is remarkable, given they have never met the animals before, and in most cases, have never even touched a horse.

Vinnies' Michelle Hyde said, "Both families and agencies say that one morning here with Sue and her horses accelerates the kids' recovery by three months. So as well as the huge personal benefits there's a real financial saving. In many ways this can be better than more traditional ways of assisting disadvantaged youth into a more productive life."

Book Review



Reviewed by Robin Osborne

One Hundred Years of Dirt

Rick Morton

Melbourne University Press - 191pp

Although relatively short this memoir by Rick Morton comes across as a number of books in one, mostly very moving and something of a wake-up call for those who would discriminate against rural dwellers, people of differing sexualities and those with mental health conditions.

The author, who rose from dirt poor Queensland roots to become a senior journalist with The Australian, fits all three categories and harbours understandable anger for many of his life experiences.

If one 'book' sits uneasily in this mix it is his temptation to deliver a broadside at inner-city 'latte sippers', notably certain politicians and their supporters in the media. Which is to say media organisations not part of the Murdoch stable.

"...this brand of politics prioritises the woe of people who can afford to worry about anything other than paying the bills and feeding themselves."

For which read climate change, asylum seekers et al.

Now one of the paper's senior editors, Morton might best have take the red pen to such thoughts, leaving us with a tale that goes some way towards justifying the cover quotes from Christos Tsiolkas ("A magnificent book...") and Tim Winton ("I think it's terrific and I was very moved by it").

Hailing from a family that had once owned "0.4 per cent of the entire Australian landmass", a property near the Queensland-SA border, he would be raised in poverty by a loving mother, fond memories of whom run through the book, and an abusive father who would eventually take off with his lover.

Then his own problems began emerging, becoming more profound in his teens with the rising awareness that he was gay in an era and a place that judged such a 'transgression' harshly.

"I've never had my brain scanned," Morton writes, "though I wonder how much my impulsive and short-sighted life skills l owe to the stress of those years from age six."

These adverse childhood experiences and his struggle with sexuality would translate into alcohol and drug abuse, and an inability to form close relationships or manage his money: "The cruel twist of poverty is that a person with no money pays more for everything... you could never buy in bulk, nor take advantage of early payment rewards, Interest rates tend to be higher, especially for emergency loans..."

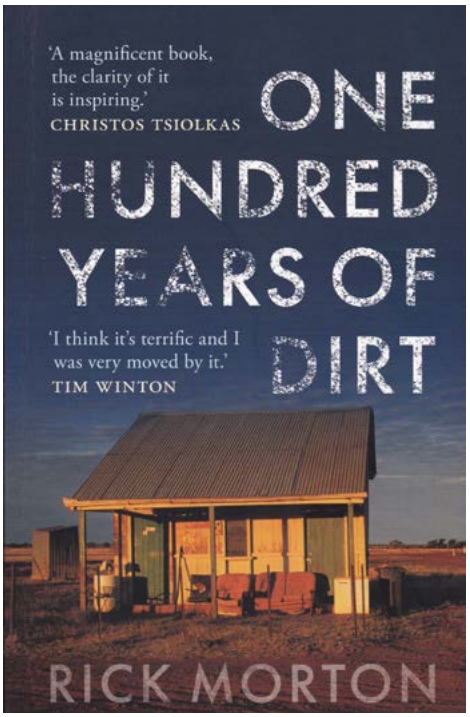
Things were not helped by the chaotic lifestyle of his drug dependent brother, who had been dreadfully burned in a childhood accident, and soon enough Morton's own mental health issues.

Ever the journalistic researcher, he focuses on Australia's confused battle with substance misuse, sexual biases and mental health, this being a major strength of the book.

""Gay people have their stress response triggered so often and almost without pause during their youth that the mechanism just stops working efficiently," he writes.

"The stress comes not from being called a faggot every day or avoiding a hate crime. That might happen; it has happened to all of us many times. The point is that it could happen on any day and our mid-evolution brains activate the fight-or-flight response in advance."

Alarmingly, as he notes, "Suicide becomes an option somewhere along the way, when all other options cease to become viable. Or



at least that's how I sold it to myself as my body broke into my mind."

Accessing higher education and achieving his long-held dream of becoming a journalist, at first in regional press and now with a national daily, Morton has succeeded in a way that other family members have not. Now he has written a valuable insight into how sizable numbers of people, especially those abused or neglected as children, find the odds stacked against them.

UCRH beds down more student rooms in Lismore

On Thursday 30 August 2018, a fortnight before returning to Canberra to take up his new cross-bench seat in the Parliament, the Nationals' MP for Page Kevin Hogan officially opened the University Centre for Rural Health's 30-bed student accommodation building in Lismore.

In tune with the government's "jobs and growth" refrain, the construction and fit-out of the building was undertaken by local builders and contractors. The accommodation, off Uralba Street in what has become the Lismore health precinct, includes multiple accessible rooms, high-speed internet access and environmentally friendly features such as water recycling and solar hot water.

Prof Ross Bailie, Director UCRH; Isaac Smith, Mayor Lismore; Kevin Page MP, Federal Member for Page; three SCU speech pathology students and current residents; Prof Robyn Ward, Executive Dean Faculty Medicine and Health, University of Sydney; SCU speech pathology student; Thomas George MP, State Member for Lismore

The building was funded by the University of Sydney to assist in accommodating the growing number of students supported by UCRH as part of the Commonwealth Government Rural Health Multidisciplinary Training program.

The UCRH facilitates over 1000 placements for medical and health students on the Northern Rivers each year, ranging from 2 to 38 week placements, according to Director, Professor Ross Bailie.

"The accommodation building is a welcome addition to the UCRH and the Lismore health precinct. We know that access to appropriate student accommodation is a significant enabler of rural placements. These placements have a strong association with intention to work in rural locations after graduation."

In the last three years the UCRH has been tasked with doubling the number of multidisciplinary health placements. The intention of UCRH placements is to provide workplace-based and service-led education in areas of high need, to develop the rural health workforce of the future.

"UCRH has co-ordinated rural student placements for over ten years," Prof Bailie added.

"Our aim is to provide high quality health professional education and placements in a rural setting based on strong partnerships and collaboration between the participating universities, community organisations, local health service network and clinicians.

"Our long term goal is that students will return and practice in our area following their training. While many of our students return to work in rural areas, all of them develop a better understanding of the needs of rural communities."

Riverlands Drug and Alcohol Unit will be open as usual

The team at Riverlands Drug and Alcohol Inpatient Withdrawal Unit are pleased to announce that it will be business as usual over the Christmas period this year.

Traditionally, the inpatient unit has closed over the Christmas period. This is often a vulnerable time for people who use substances and continuing to operate as normal is a huge step in the provision of Trauma Informed and person centred care.

Located on the corner of Uralba & Hunter Streets in Lismore, Riverlands is a multi-purpose treatment facility. The centre comprises a 14 bed inpatient withdrawal and stabilisation unit, pharmacotherapy clinic (methadone & buprenorphine), consultation liaison and outpatient services, and an educational and training facility.

This year has been a busy time for the unit. There has been an increased focus on multi-disciplinary pre-admission processes which has improved outcomes for patients. A clear discharge and follow up plan must be formulated and agreed to prior to admission. This increases the chances of a prolonged recovery time. The GP is pivotal to this process. "The more we involve the patient's GP in the pre-admission process, the better equipped we are to individualise care for each patient" states Matt Parry, Nursing Unit Manager of the Inpatient Unit.

Riverlands intake staff will be available for enquiries, referrals, bookings for withdrawal/stabilisation and consultation between 8.00 and 4.30 weekdays and can be contacted on 02 6620 7608.

For assistance with the intake process please contact myself on 02 8598 0476 or Matt Parry, Nursing Unit Manager 02 6620 7640. We would both be delighted to help facilitate an admission.

Dr Bronwyn Hudson

The Yellow Gate Medical Clinic

90 Byron Street, Bangalow, NSW, 2479

Ph: 02 8598 0476

Fax: 02 6678 0332

e: bhudson@theyellowgate.com.au

Mental health places greatest demands on GPs

Mental health concerns continue to be the main reason for GP presentations, with 62% of patients seeking help for issues such as depression, mood disorders and anxiety. The next commonest concern is respiratory illness, which requires GP care for 45% of patients (these two combined categories total more than 100%, and much more when other issues are included, indicating the high level of patient co-morbidity).

The figures were reported in the **RACGP's General Practice Health of the Nation 2018** - An annual insight into the state of general practice, the College's snapshot of why patients seek primary medical care and how GPs view their work and their profession more widely

Around 36,000 GPs practise across Australia, and there are more than 6300 accredited general practices. The main age group for GPs is 35-64 years (78%), and only 4% of GPs report that they expect to retire within the next two years. Two in three GPs consider themselves as having more than 10 years remaining in the workforce.

While more than 90% of GPs are satisfied or very satisfied with the variety in their work, mental health issues take up a considerable amount of consultation time and often require complex and lengthy management. This challenge was found to have slightly increased since the previous year.

"In addition to being the most common reason patients visit their GP, mental health was also identified as the health issue causing GPs the most concern for the future, followed by obesity," the report noted.

GPs identified mental health and obesity as key areas the federal government should prioritise for action. They also want to see action on health system issues, including support for access to care through Medicare, health equity and equality, and social and cultural determinants of health.

Writing of "much-needed attention by our policy-makers and regulatory bodies to ensure our patients are not missing the opportunity to access high-quality healthcare" RACGP President-elect Dr Harry Nespolon added: "Despite general practice being the most accessed area of Australia's health system, with more than two million appointments made every week, funding for patients to visit their GP makes up less than 9% of Australia's annual health budget."

GPs reported concern about patient access to care for groups at risk of poor health outcomes, such as patients in aged care or rural and remote areas.

Not surprisingly, it was found that Australians access general practice more than any other area of the health system, with some 87.8% of the population visiting their GP at least once each year. Patients reported visiting their GP more than they received prescriptions, had pathology or imaging tests, or saw non-GP specialists.

NCPHN channels federal funds for mental health

The North Coast Primary Health Network will coordinate delivery of a package of $300,000 in Commonwealth funding to further support people with mild mental health concerns.

NCPHN has contracted community organisation New Horizons to deliver the new service that links in with the existing Northern NSW Local Health District's Mental Health Line. The Mental Health Line is staffed by mental health professionals and receives about 1,300 calls per month.

Callers are triaged according to the level of care they need. The new Low Intensity Mental Health Service provides a pathway to support that is tailored to meet the needs of people with early signs of depression and/or anxiety.

A trained Community Support Worker will provide advice to people via telephone, Skype and online chat, enabling them to access the care they need without leaving their homes or communities. The service is free.

NCPHN's commitment to improving mental health is guided by the stepped care approach – a model of care central to the Australian Government's mental health reform agenda. Stepped care is an approach that places the person at the centre of care. It works to ensure that a person with mental health issues is able to access the right level of care at the right time.

Within the stepped care model, community-based services are available for people experiencing mild depression and or anxiety, through to people who need high levels of support to help them deal with acute mental illness.

(l-r) Kevin Hogan MP, Peter Orr, Customer Service Manager, New Horizons and North Coast Primary Health Network Chair Dr Tony Lembke.

Across our North Coast footprint, around 75,000 people are impacted by anxiety or depression, with only 35% receiving treatment.

Low intensity mental health services can help people to address the issues impacting their mental health and well-being. Accessing low intensity services early can prevent the need for costly intense treatment and potential hospital admission.

NCPHN Chair and local GP, Dr Tony Lembke said, "Before this service, after someone rang the Mental Health Line there was a gap in care as they waited to get in to see their GP or a community mental health service.

"Now experienced mental health support workers will help people take advantage of the existing ehealth options and local services available to them."

Federal MP for Page Kevin Hogan added, "NCPHN is doing a great job to identify community needs and find the right organisations to provide access to evidence-based services. Mental health issues are a known challenge for our region. Making sure we are supporting individuals at all levels of mental health need, from mild to severe, is key to a community-wide approach."

People seeking support for mental health issues can call the Northern NSW Local Health District Mental Health Line 24 hours, 7 days on 1800 011 511.

NCPHN looking for regional artists

North Coast Primary Health Network (NCPHN) is developing a Reconciliation Action Plan and is calling for locally produced Indigenous artworks to feature in the published RAP plan. Improving Aboriginal health is a key priority for NCPHN.

Entries on the theme of Reconciliation and Health are invited from all Aboriginal Nations between Tweed and Port Macquarie, including Bundjalung, Arakwal, Gumbaynggirr, Yaegl, Githabul, Birpai and Dunghutti. Artwork from each nation will be chosen to be displayed and will represent all Nations on the North Coast.

North Coast Primary Health Network's Acting Aboriginal Health Manager Kim Gussy said the artworks should explore what reconciliation and the health of our local community means to your family and the Aboriginal community.

"We are looking for original artworks exploring topics such as acknowledgement of history, respecting cultural diversity, providing engagement opportunities and understanding health. We want the topics to be presented through the lens of our local Aboriginal people," she said.

Entries are welcome from artists of all ages and all levels of artistic ability. The deadline is Friday 14 December 2018.

Details at **https://ncphn.org.au/art-for-reconciliation**

- Preparing Your Legacy -

Usually, you can do whatever you like with your money while you're alive. But what control do you have over your assets when you die? It's an interesting thought that most people don't like to dote on, however with more wealth being created through superannuation funds, it's a thought that will require action at some stage – and the sooner the better.

It has been estimated that members of the baby boomer generation will pass about three *trillion* dollars to their children or grandchildren over the coming decades. This wealth will in some cases come in the form of family businesses moving to the next generation. In others, it might be more passive investments, such as shares and cash. Astoundingly, more than $407 billion in property is expected to be transferred through inheritance by 2025.

Each of us might only have control over a small piece of this inheritance bonanza. Nonetheless, how much thought have you given to what it will mean to your beneficiaries and how they'll remember you?

Preparing your legacy

The billionaire US investing guru, Warren Buffett, has some pretty clear views on the legacy he wishes to leave to his children. He has been quoted as saying that he wants to leave them enough money so that they will think they can do anything with their lives, but not so much that they can afford to do nothing.

The first step of course is to determine what assets you have that might form part of your financial legacy. Shares, property, superannuation and life insurance can be treated very differently under estate laws, so it's crucial to have this checked by your trusted advisers.

Next, you might want to think about the opportunities and values you want to leave to your beneficiaries. Do you want to "rule from the grave", or let them make their own decisions about how they tackle life's challenges?

Perhaps other bequests — to charities, for instance — will be your way of reflecting both personal gratitude and your preferred value system.

Who can help?

On the practical side, there are various professionals to help you to create your personal legacy. For example, enlisting a solicitor to draft your will and related documents is crucial. And we can advise you on superannuation and investment matters.

It might be a good idea to take time out to reflect on these important issues. Don't wait until you're sick or old to plan your legacy. Start now and plan to have the time of your life so you'll have something memorable to leave behind!

Please contact TNR if you have any queries from the above information or if you have other queries regarding your financial affairs.

Mark Colvin's Kidney

A play by Tommy Murphy, directed by John Rado, performed at Mullumbimby Drill Hall Theatre, Sept-Oct 2018.

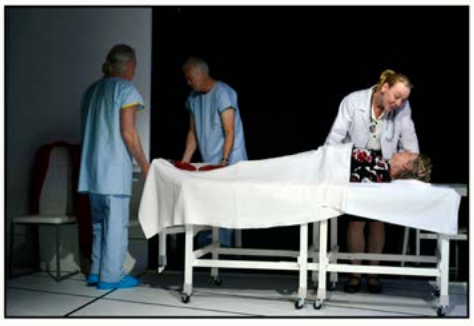
Reviewed by Robin Osborne

Photography John McCormack

This acclaimed play, drawn from actual events, has only been performed in two Australian locations, Sydney's prestigious Belvoir Theatre and the very 'off Broadway' venue of the Mullumbimby Drill Hall. In both places it has been a hit with audiences and critics - the local season was extended by popular demand.

Its next stop is London where, I'm told, it may get a different title, possibly to mark the generosity of Mary-Ellen Field whose kidney it was before being donated to the ailing Mark Colvin, thereby extending his life.

This is a medical story of sorts - Colvin struggled for more than 20 years with a rare auto-immune disease that he contracted while on journalistic assignment for the ABC in 1994 in Rwanda. Kidney failure was one outcome and he embarked on a lengthy program of dialysis, ultimately requiring a transplant.



Throughout, he continued his career, largely as the popular host of Radio National's PM program. Hence the story is as much about journalism as Mary-Ellen Field - played with aplomb by Liz Chance - an Intellectual Property Expert who was Elle Macpherson's brand manager in London, is wrongfully sacked by 'The Body' for supposedly leaking personal details to the News of the World.

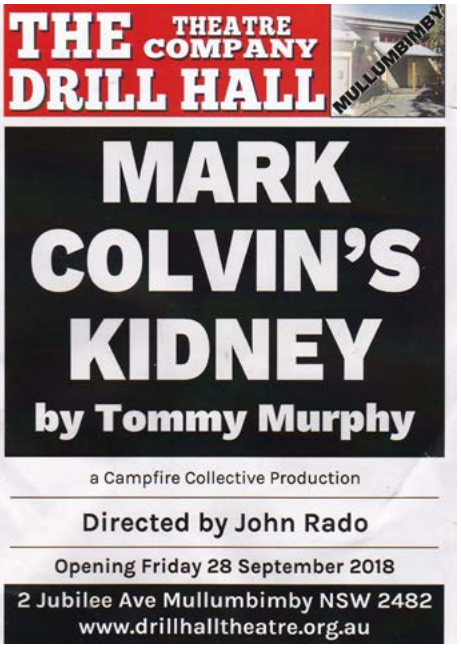
The Murdoch-owned scandal sheet was by then embroiled in the phone hacking scandal that led to the damning Leveson inquiry, fronted by editors and ultimately the proprietor who spoke of his "humbling" experience. A video clip of this cloying episode is part of the play's staging, causing much mirth from the audience.

Back home Colvin was hosting PM, as he had for years. Greg Aitken plays him to a tee, without trying to channel the distinctive voice, which Colvin had inherited from his father, a British agent as he would reveal in the memoir Light and Shadow: Memoirs of a Spy's Son, published shortly before his death last year.

The Leveson inquiry was a reporter's manna from heaven, and Colvin, a quizzical character with whom I worked at Triple J many years ago, covered it superbly, from afar.

Enter, Mary-Ellen Field whom playwright Tommy Murphy met with Colvin's help via Skype: " I began with, 'So tell me, how did this go from a tweet to an organ donation?' " he recalls. Amazingly it did, and in time, learning that her kidney would be a perfect match for Colvin she returned to Australia, her birthplace, where they met for the first time and, after some argy-bargy from the recipient, both underwent the required surgery.

The staging of this 'surely it can't be true' story had an excellent



company of players, few with professional experience, an inventive set, especially for a small theatre, and deft audio-visual support. Having missed the Sydney run,

which resulted in the play being nominated for a major prize in the NSW Premier's Awards, I would love to see how it fares in London.

As much as we all loved Mark Colvin, it is probably more of an English tale than an Australian one. It should be a huge success, with the two heroes, the kidney sharers, juxtaposed with some real villains, Murdoch and son, and Macpherson, and the odious team from the now defunct News of the World.

Journey to the Promised land

by Dr Bob Lodge

Israel, an extraordinary country populated by extraordinary peoples -75% Jewish and 21% Arabic. Resilient, resourceful, innovative.

We had been promising ourselves a visit since 1991 when our travel plans to attend a wedding in Jerusalem were thwarted by the beginning of the first Gulf War. So, finally, we made it to the Promised Land in October 2018 … enchanting us with a multitude of warm and wondrous memories; answering several long-standing questions about the Middle East; but, leaving us with anxiety about the medium and long-term future of the State of Israel.

Our trip was aided and abetted by our travelling companions, long-standing Jewish friends from Melbourne, who had visited Israel many times during the past 50 years. They organised a local Israeli guide, an historian, who answered our weird and left field questions, at every step along the way. Plenty of planning ensured that we saw and did all that we wished, much of it off the traditional tourist path.

We arrived in Tel Aviv, a vibrant and exciting city, more Western than Middle Eastern. Fabulous Mediterranean beachfront, progressive politics, financial hub and a strong commitment to exciting, innovative food and plenty of nightlife … for those under 60! Most significantly, it felt like a "secular" city.

Our first major destination after Tel Aviv was Negev desert. How does Israel survive in this arid, relatively infertile land with little water, no oil and few natural resources? No problem for the Israelis! Innovate, innovate, and innovate! Dry-land farming with creation of drip irrigation, glasshouse horticulture and leading the world in recycling waste water - 90% waste water recycled. Spain runs a distant second at 19%!

Israeli desalination engineering also leads the world and we were amazed to learn that Israel is a net water exporter, providing a significant amount of water to neighbouring Jordan. We visited intensive horticultural "glass house" farming in Negev desert where the quality and range of foods produced was astounding. This was far beyond the Jaffa oranges and citrus fruit we traditionally associated with Israel. We were particularly overwhelmed by richness of pomegranates…incidentally the fruit featured on the RACP (and RCP) coat of arms.

Returning to Tel Aviv we visited the memorial to the Australian Light Horse in the battle of Beersheba. Given the bravery and brashness of the charge, it's no wonder last year's centenary celebration was so well supported and attended (Turnbull, Netanyahu etc).

Another highlight was travelling to the northern reaches of Israel, past the Sea of Galilee and its biblical connections, to Rosh Pina, one of the earliest Zionist settlements, dating from late nineteenth century. We were now in the mountains. Spectacular views. Close enough to view the Lebanon border and close to Golan Heights, disputed territory with Syria.

We had prearranged a visit to Ziv Medical Center, an Israeli Government Hospital, close to the Golan Heights, where we understood Syrian refugees from the civil war, particularly children, had been able to receive medical care for injuries received in the Syrian civil war. These patients crossed the border illegally without assistance from either government. Their care was led by local medical teams not politicians.

"At the next stand, exhibitors were demonstrating the newest marijuana harvester or header"

We were extremely moved by the compassion of the medical / nursing / allied health teams and then delighted to find out that the Head Paediatrician, Dr Michael Harari, was a Melbourne graduate, did his training at the Royal Children's Hospital in Melbourne and he and Penny had worked together at the Royal Children's Hospital in the early 1990s. What an odd reunion in such an unexpected place.

Dr Penny Hall with Dr Michael Harari

It was also odd to be shadowed by two young Israeli Defence Force soldiers, in a paediatric ward, when speaking to a young Syrian boy, with horrendous leg injuries from an explosion - but the IDF soldiers not as threatening as the "Nurse Ratchet" matrons from our medical student days!

Over the next couple of days, we followed the Jordan River, the site today, and 2000 years ago, of ceremonial baptisms; floated in the Dead Sea; and, climbed Masada (two hours in 38C), in the desert, somewhat akin to climbing Ayers Rock. Masada, is hugely significant in ancient Jewish history as site of the First Roman-Jewish war. In modern times, Israeli Defence Force graduates complete their training where they ceremoniously chant, "Masada will not fall again".

"Jerusalem, Jerusalem, lift up your hearts…". Emotionally overwhelming to enter this royal and ancient city, in late afternoon, as the setting sun lit up the ubiquitous pale, golden "Jerusalem Stone" (aka limestone). So many cultures have sought to claim Jerusalem since the Canaanites in 14th century BCE. The list includes Jews, Romans, Christians, Ottomans, Crusaders, Armenians, and Jordanians (1948 Arab-Israeli War).

Over the centuries, Jerusalem has been captured and recaptured more than 40 times! All the Abrahamic religions have

genuine claims to the holy city. Haram es-Sharif (The Temple Mount), the Wailing Wall, the birthplace and then crucifixion of Christ, all so closely bound together like three melted candles of different colour. For Islam, Jerusalem is the third most holy city after Mecca and Medina. Visiting the Christian sites (Gethsemane, Golgotha, Bethlehem etc), in and around Jerusalem, was reminiscent of our first visit to London, where everything was vaguely familiar... except then it was from the Monopoly board. This time, our childhood religious instruction was being brought to life.

Religion is omnipresent in Jerusalem and definitely so on Shabbat, the Sabbath day. How quiet the city was on Saturday, until sundown. The large number of Orthodox Jews ("Black Hats") was a constant reminder of how important Jerusalem and the Wailing Wall are to the practice of Jewish faith. But our impression was the majority of tourists in Jerusalem were actually Christians, completing a pilgrimage through the Holy Land.

For us, the most searing and likely to be enduring memory of Jerusalem was a visit to Yad Vashem, the Holocaust Museum. Having previously visited the Holocaust Museum in Washington, Dachau Concentration Camp outside Munich, Holocaust memorials in Budapest etc, we thought we were prepared. No! Particularly as our visit started at the Children's Memorial, a tribute to the 1.5 million children murdered during the Holocaust.

At varying times during our trip, we ate lunches with a Bedouin family and a Druze family; had morning tea with a Palestinian Christian family; dinner with an Orthodox Jewish couple; many meals with liberal Jews, and ate in Arabic restaurants. The common themes and discussions centred around wishing the best for their children's education, nurturing of family and community and access to good health.

And, of course, peace.

An original tenet of Zionism, as espoused by Theodor Herzl in 1897, was that, in addition to return to the Promised Land, there should be peace. Sadly, this is far from the truth today and there is a readily-sensed communal anxiety. Understandably, given Israel's geopolitical positioning where every neighbour is, or has been, belligerent to Israel and remains keen to see the State of Israel removed in its entirety from the Middle East. Somewhat facetiously, we viewed this anxiety and future uncertainty as the likely genesis of the commonly-observed wild and fast driving!

Dr Bob Lodge

Our final highlight in the Promised Land was attending CannX 2018 in Tel Aviv, a conference attracting clinician, scientists, horticulturalists and government to better understand the production, distribution and uses of medicinal cannabis. It was strange viewing Pharma exhibits and watching videos of fMRI, whilst at the next stand, exhibitors were demonstrating the newest marijuana harvester or header.

To meet and hear the grandfather of endocannabinoid research, Prof. Raphael Mechoulam, was special. He has been researching and writing about the endocannabinoid system (ECS) since the mid 1960s and is the discoverer of ECS receptors and endocannabinoids e.g. anandamide.

For the foodies, eating in Israel was a constant delight. Fresh produce, culinary influences from all over the Middle East, further enhanced by dishes brought from the diaspora. But, sadly, Kosher wine was a little disappointing - not consistent with Jesus' first miracle "you kept the good wine until now" (John 2:10).

Did we feel safe? Absolutely. Saw plenty of soldiers and military installations...but so you do, these days, all around the world. Did the tensions about ownership of this ancient land intrude? No. As with all travel, the truth about the people and their beliefs is often found in the cafes, in the markets/souks, in the back streets, written in graffiti on community walls... rather than in editorials and opinion pieces in foreign newspapers.

Our message about travel - don't wait until tomorrow! Having missed the opportunity to visit poor, war-ravaged Syria, we feel privileged to have at last seen Israel, in 2018.

Misgav Am in Upper Galilee looking into Lebanon

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