NorDocs

The quarterly magazine of the Northern Rivers Doctors Network

Summer 2021-2022

- Birthing a new career
- Guide to mental health resources
- To vape or not to vape?

ⓦ nordocs.org.au

ⓔ info@lists.nordocs.org.au

NorDocs

The quarterly magazine of the Northern River Doctors Network

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ON THE FRONT COVER

Rebecca Thorne is a proud Kunja (West Queensland) woman living on Bundjalung country and studying for a Bachelor of Midwifery degree at Southern Cross University. She appears on page 7 of this issue in a story about the regional university's commitment to providing scholarships to Indigenous students.

Rebecca is a mother herself and before returning to study she spent 14 years in the fashion industry. Now she's beginning a new career in what she regards as her dream job.

Editorial

David Guest - Clinical Editor

Masks, lockdowns and check-ins. These were the defining features of 2021.

Like so much of the country the NSW North Coast had lived in relative isolation until late autumn this year when Delta's dawn exposed the first cracks in fortress Australia.

It started innocently enough in June when an unvaccinated limousine driver transporting airline crew tested positive in Bondi. The state's COVID-19 vaccination program had begun but supplies were limited and even individuals at high risk of getting the infection had not begun vaccinations. It did not seem too much of a concern, however. We had done it all before with Ruby Princess and Crossroads and this would come under control as well.

It was not to be. This was the highly infectious Delta strain and NSW Health soon had to inform the NSW public that this time it was serious and more particularly it was going to get worse, not better.

So began the daily 11.00 am news briefings from then Premier Gladys Berejiklian, Chief Medical Officer, Dr Kerry Chant, Health Minister, Brad Hazzard, and others. There was the daily tally of new cases, hospitalisations, ICU admission and intubation, and deaths. It was reminiscent of the nightly news bulletins of the Vietnam war and the day's body count.

Those opposing vaccination or simply 'agin the government' sought exemptions from masks or vaccination on dubious medical grounds, and for GPs the consultations were frustrating for both parties. People had "done their own research", although this did not entail any double blind, cross over trials.

The doubters were concerned that this (whatever the brand) was a new vaccine and the long term effects were unknown because not enough people had had the vaccinations. While it was clearly true that it was a new vaccine (and the fastest one ever developed) the immunisation program rolled on and total vaccination doses world wide exceeded seven billion doses. In this context it was hard to argue that too few had received the vaccine for clear evidence to begin emerging.

Seeing is believing and in August our region had its first scare, when a man and his two sons came visiting from Sydney. They were said to be looking at properties and had toured the area widely. They tested positive for COVID-19, the only good news being that no cases of local transmission transpired.

There were three short lockdowns of about a week in Lismore and the Northern Rivers more widely over the next two months as sporadic cases imported from Sydney shut down businesses and services.

Medical receptionists learnt the fine art of diplomatic triage. Despite their best efforts there were tears at times. For their part GPs developed skills in telehealth and car park consultation. It was not great medicine but better than nothing at all.

The virus was getting nearer and the government requirements of COVID-19 were focussing people's attention. The wavering were changing their minds.

The daily NSW news conference changed. We no longer focussed on cases but percentage vaccinated. Targets were set. Some restrictions were set to be lifted at 70% and more at 80%.

It was a master stroke. It made scientific sense since the infection rate and more particularly the incidence of severe illness for the vaccinated was a fraction of that for those who were not.

You could also appeal to people's sense of duty to others and the community and if that failed you still had blatant self interest. They didn't like it but they got the shots, downloaded the bloody app and wore a mask (at least around their chin) but at last they could go for a drink at the pub.

After 107 days of Sydney lockdown, October 11 was declared 'Freedom Day'. NSW was 75% fully vaccinated and 90% single vaccinated.

Pent up demand was unleashed and the hairdressers were busy but you had to be 'double J'd'. The expressed frustration of the vaccine denialists, turned away from the shops, was ugly at times. A month later the immuno-compromised were being upgraded to "triple J".

Life was getting back to normal in NSW but the frontier was still closed on the directive of the (highly popular) commanders of Fort Brisbane and Fort Perth. 'They shall not pass', they declared unless for a medical emergency with mandated solitary (isolation ward) for a week. Medical care that normally would have gone to the Gold Coast and Brisbane was redirected to Newcastle and Sydney.

With the arrival of Spring and 80% vaccinated we could do things and buy stuff. Our phone became the passport to the world. In fact to all those not in close proximity you were your phone.

Driver's license, QR code scanner and vaccination certificate verification gets you out of the house and into the shops. You wave your phone or watch at the EFTPOS machine and you're away. An hour later you got the nag message that you had forgotten to check out. To confirm a large monetary transaction you entered the SMS'd pin code or the number from the authenticator app supplied by the bank.

Even Government services, always slow to adopt IT technology, pushed through a raft of changes. Their websites are notoriously unreliable and difficult to navigate but improvements to **My.Gov.au** and **Service.NSW** made them tolerable. An increasing number of people viewed their My Health Record, if only to access their COVID-19 vaccination certificate and perhaps check their last radiology and pathology results.

With Summer upon us we are now entering 'COVID normal'. We will be 'living with the virus' and last year's novel 'Coronavirus' is not so novel any more.

Partnerships are being developed between the Northern NSW LHD, NCPHN and NorDocs to manage the increasing numbers of milder cases. As we go to press the arrangements are being determined,

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Editorial

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but most healthy patients or those with relatively minor chronic illnesses will look after themselves at home with support from their local GP surgery. Those with comorbidities are at much greater risk of deterioration. They will be managed by the LHD's Hospital in the Home service, with escalation to in-hospital care if they deteriorate.

It is now thought that only about 5% of the population will remain resolutely unvaccinated. Within the next month the restrictions still in place for this cohort will be lifted, not necessarily a popular move for those who committed to vaccination from the get-go.

Vaccination reduces the rate of severe illness about 15-fold and so the numbers entering hospital next year with COVID-19 will be about half vaccinated and half unvaccinated.

COVID-19 has had a huge impact around the world. Australia has done better than most other countries but it has come at a cost of several hundred million dollars in government support. This debt will be serviced by the next generation or two.

The social and mental health aspects of the pandemic are only now coming to the fore. The 1920s gave us the Great Depression. COVID-19, in the 2020s, has given us the **Great Resignation**.

Enforced time away from work, **locked in the house with spouses and kids**, has led to a re-evaluation by many in their mid thirties to mid fifties. The phenomenon has been greatest amongst those under extreme stress during the pandemic, with frontline health workers all too frequently affected. With a skills shortage looming in Australia many in the middle stages of their career have had the chance to re-evaluate their lives and do something different without perilous economic consequences. (Harvard Business Review has written the **beginner's guide to quitting**.)

Sea change and tree change has bloomed as the chance to get out of an infected city for many disaffected workers. One side effect of this for the North Coast was that some of Sydney's housing price inflation came with them. Good news if you are a property owner, or seller, bad if you're not.

Overseas travel has been restricted for nearly two years and many are desperate to get out of the country for a holiday or for some, permanently. It's a chance to move to a place with more life, or less, depending on your preference.

The average **Australian marriage** lasts 12 years. It was initially feared that COVID-19 would cause this rate to rise but at least at this stage that does not seem to be the case. However, for some it has been a significant factor in the breakdown of marriage. Divorce affects all family members and, tragically, it has been lethal for some.

A chance to re-evaluate was the theme behind **Brave New World**, the November webinar on psychedelics by Bob Lodge. There have been few significant new treatments for depression in the last 40 years and even psychedelics have been around for several millennia. However, after the 'war on drugs' in the 1960s curtailed further study, research has undergone a renaissance in the last five years.

This webinar joined three others from the latter half of the year on our new **Youtube channel**. Subscribe if you want to be notified of new episodes next year.

Euthanasia has been a hotly debated topic in Australia for decades. In NSW the voluntary assisted dying bill has been delayed until 2022. Both major parties are allowing their members conscience votes. NSW is the only state yet to pass enabling legislation in this area but the numbers are tight and the bill may not proceed.

Media figure Andrew Denton has been a strong proponent of euthanasia as a result of his experience watching his father die in the 1990s. Five years ago he founded **Go Gentle Australia**, which advocates for voluntary assisted dying to be legalised across Australia and more recently he started the **Better off Dead** podcast on the same theme.

One of the arguments against euthanasia is that palliative care services obviate the need to be active in assisted dying. The experience of many families would indicate that this is not always successful, with patients in distress and suffering. On pages 17 to 19 we report on the AIHW's findings on Palliative Care Services in Australia and the establishment of two North Coast Palliative Care Services, St Vincent's Hospital and Lotus Palliative Care, both of which have started outreach services to address local needs.

Psychological stresses have increased with the pandemic and the State and Federal governments have increased funding in this area. Few GPs would be aware of all the available services. On page 11 NorDocs Co-Chair Nathan Kesteven outlines the programs that are available in the private sector as well as those from the NCPHN and the Northern NSW LHD.

NorDocs Magazine welcomes Southern Cross University as a Silver sponsor for 2022. Our cover features midwifery student Rebecca Thorne. Rebecca is the recipient of an indigenous student scholarship and is currently in her final year at the Gold Coast campus. We report on the program on page 7.

After many years in local medical politics, Dr Brian Pezzutti, has retired as Chair of the Board of the Northern NSW Local Health District. On page 15 Dr Chris Ingall pays tribute to Brian's service. We wish Brian well as he enters his retirement although we suspect that like a super tanker it will take a while for him to finally come to a stop.

Sadly we announce the passing of former Lismore orthopaedic surgeon, Dr Neil Thompson, a dedicated surgeon and the area's only orthopaedic surgeon for many years. NorDocs holds Neil in high regard for his work in retirement chronicling the first 100 years of medical practice on the North Coast. His book **Sawbones, Saddle Burns & Soothing Balms** is advertised on the home page of NorDocs and can be obtained from Amazon. We extend our condolences to his wife Elaine and the family.

2021 was a remarkable year that many will no doubt be happy to see fade from memory. Humans are by nature optimistic, so let us, like American sociologist James W. Loewen, 'look forward to the future, which is a good thing, because it's coming'.

We wish you a safe and happy holiday season, and a good start to 2022. We look forward to greeting you again in the New Year with our Autumn issue.

Uni scholarships support Indigenous students

Southern Cross University announces hundreds of scholarships are available for Indigenous students in 2022.

Anthony Olive, Team Leader of the **Indigenous Australian Student Services (IASS)** at Southern Cross University, said the North Coast (Bundjalung Country) based institution is proud of its strong Indigenous cohort, and is continually working to increase Indigenous student participation in higher education through personalised support and decreasing financial barriers.

'On average our IASS team at Southern Cross University supports more than 400 Indigenous students annually with some form of scholarship," Mr Olive said.

'These scholarships are deeply appreciated and very meaningful to our Indigenous student cohort, ranging from textbook bursaries of $150 right up to full time educational and accommodation scholarships of $2500 and $5000, and in 2022 these will increase to a top of $8000 a year over three years, with an increased Indigenous scholarship pool worth more than $1million.

'These scholarships make up part of the wider scholarship pool worth approximately $3 million in 2022.'

Anthony Olive said the IASS team encourages all Indigenous Year 12 students to consider university as an option for further study, education and knowledge. People who have been out of school for a while can also apply for university study.

'Regardless of someone's school success we have a number of dedicated pathway options specifically for Indigenous students to enter into study at Southern Cross," Mr Olive said.

SCU midwifery graduate Denae Nicholls thanked the IASS team for the financial support she received during her placement at Lismore Base Hospital.

'I am happy to say that I am now finished, my grades have been finalised, and I will be receiving my AHPRA registration within the next couple of weeks to start my job down in Melbourne.

'I would not have been able to complete my final placement in becoming a midwife without the scholarship support from IASS and I am very grateful.'

Midwifery student Rebecca Thorne worked at The Tweed Hospital as part of her placement.

Current Bachelor of Midwifery student Rebecca Thorne is on her final placement and says she received two scholarships – one to attend the prestigious Australian College of Midwives 2021 Conference and the other for a cadetship through NSW Health, which has enabled her to work at the Tweed Hospital for an additional 12 weeks on top of her university placements.

Rebecca is a proud Kunja woman living on Bundjalung country. She says it was following the birth of her own babies that she quit her 14-year career in fashion and enrolled in the Preparing for Success Program (PSP) at Southern Cross as a pathway to her dream of becoming a midwife.

'When I was in school I was told I wouldn't be smart enough to study at University, but now that I'm here the journey to achieving my midwifery degree has been incredible with Southern Cross Uni supporting me every step of the way," Rebecca said.

'The scholarship and cadetship have been really amazing in helping me increase my clinical skills and professional networks and just solidifies why I want to be a midwife, delivering culturally-safe woman-centred care, and supporting Aboriginal and Torres Strait Islander Women within my community to feel empowered and know the power they have within themselves.

'There are Indigenous midwifery students who went before me, such as scholarship recipient Taneeka Thomas, who after graduating in 2018 went on to work in NSW Health and is doing amazing things now with the Midwifery Group Practice (MGP) program at Gold Coast University Hospital to improve health outcomes for Indigenous women.'

Indigenous scholarships on offer include the ANZ Indigenous Student Scholarship worth $5,000 a year over three years of full-time study, the Feros Care Nursing Scholarship worth $5,000, and a Scholarship from the City of Lismore worth $5,000 for a local Indigenous resident from the Lismore region.

To find out more visit **scu.edu.au/scholarships** or for application support and assistance visit **scu.edu.au/iass**

Website aims to boost farmers' mental wellbeing

Australian farming communities are continually exposed to challenges associated with drought, fires, floods, disease, increasing costs and wavering produce prices.

The inability to control these stressors and the sense of hopelessness and entrapment this may cause, as well as a poor understanding of their industry from those outside of it, makes farming a particularly challenging occupation.

Due to their geographic remoteness, farmers have reduced access to professional mental health support. They are often also reluctant to seek out these services for a variety of reasons, including their inability to leave the farm due to overwhelming workloads and concerns about stigma, privacy and being misunderstood.

It's also a potential risk factor for rural male suicide, in fact, there is a higher incidence of suicide among these farming populations.

University of South Australia Senior Research Fellow, Dr Kate Gunn, has worked with farmers from across Australia to create a website **ifarmwell** to equip farming families with tools to reduce the negative impact that these sorts of stressful situations have on their lives, so they can make good decisions and have more time and energy to focus on the things that make them happy.

Dr Gunn is just one of UniSA's mental health researchers whose work in mental health and rural communities is already having a meaningful impact.

Her significant efforts in this area has been recognised with a number of awards in recent years including the Channel 9 Young Achiever of the Year Award (2013), the Leslie (Les) J. Fleming Churchill Fellowship to investigate sustainable methods of improving the health and well-being of rural cancer survivors (2018), a SA Tall Poppy Science Excellence Award (2017), the Rural, Regional and Remote Winnovation Award (2017), and a commendation in the national Bupa Health Foundation Emerging Health Researcher of the Year Awards (2018).

This culmination of work and achievements over the past 13 years – comprehensively examining rural mental health issues – has been fundamental to the development of this free online tool kit to help other Australian farmers cope effectively with life's challenges and get the most out of every day.

This work is highlighted as part of the UniSA's Enterprising Minds for Mental Health fundraising appeal.

The website was inspired by Dr Gunn's personal experiences growing up on a South Australian farm in an isolated rural community near Streaky Bay and informed

by her professional work as a Clinical Psychologist.

She also worked closely to develop the tool with real farmers to address their unique needs through extensive consultation. ifarmwell has been designed based on what Australian farmers have said they want and what research shows will help.

Having developed and rolled out the website, Dr Gunn continues to expand the offerings, developing new modules in a variety of formats (including video) to meet farmers' changing needs. New modules currently under development include one on relationships, and another on managing the psychological consequences of bushfires.

Feedback from farmers and industry partners has been overwhelmingly positive, stressing the website is particularly valued as it was created with farmers, for farmers, is confidential, relevant, accessible, and is free.

With additional support from The James and Diana Ramsey Foundation and the Thyne Reid Foundation, Dr Gunn and her team will now have the capacity to promote the ifarmwell website across Australia so that many more farmers can benefit from this resource.

"To keep farmers engaged, ifarmwell also uses short videos, cartoons, jokes and text message reminders," Dr Gunn says.

"The ifarmwell website aims to give farmers extra coping skills, practical tips and provide feedback on their level of wellbeing as well as easy to use tips on seeking professional mental health help."

Testimonials have also highlighted that the tool is meaningful, gives users hope, provides distance from overwhelming thoughts and feelings, as well as strategies to make the most of their lives – despite the challenges they may face.

Mick is a vineyard operations manager working in viticulture and decided to try ifarmwell last year as he had got to a point where he needed to get some help with feeling anxious and worried, but I wasn't too sure where to start.

"When you're working on your own a lot you can get caught up in your head. Ifarmwell is a really good way to work on those things that are bouncing around in your head and sort those thoughts out," Mick says.

Dr Kate Gunn discussing the ifarmwell project with a farmer.

"We're worried about the weather, we're worried about what needs to be done next week, we're worried about what happened today, and just being able to just sit down for five minutes and actually think about what can I control – what can I do right now – and what do I not need to worry about has been great."

"I connected with it really well and found it very easy. It only takes a couple of minutes when you're just feeling a little bit overwhelmed with things and it can really make a difference to your day."

In order to ensure research makes a difference at the point of care the University of South Australia has established its Mental Health Research Fund addressing these needs, from prevention, through to complex and acute responses designed for people in crisis, right up to the point of care.

Dr Kate Gunn is Senior Research Fellow in the Department of Rural Health Allied Health & Human Performance University of South Australia and a Clinical Psychologist. She is the Founder of **ifarmwell.com.au** *a free online tool kit to help farmers cope effectively with life's challenges and get the most out of every day.*

Govt gives Disability RC extra time

The Royal Commission (RC) into Violence, Abuse, Neglect and Exploitation of People with Disability has been granted a 17-month extension to its term following a request by its chair, the Honourable Ronald Sackville AO QC.

At the time of receiving this news in mid-September 2021 the RC was about to begin a week-long inquiry into the circumstances surrounding **First Nations children** with disability in out-of-home care. Little good cheer was expected there.

Established by the Australian Government in April 2019, the RC is charged with inquiring into all forms of violence against, and abuse, neglect and exploitation of, people with disability in all settings and contexts.

Its final report is now due by 29 September 2023. Before the extension, the deadline was 29 April 2022. The RC has said the extension should allow it 'to discharge its wide-ranging responsibilities to a satisfactory standard'. One must hope so, given the time, effort and resourcing invested in the exercise.

On 30 October 2020 the Royal Commission presented its **Interim Report** to the Governor-General. The hefty (559-page) document was based on its work from 5 April 2019 to 3 July 2020, four months after it had suspended all activities involving gatherings of people or close contact between individuals due to the COVID-19 pandemic.

Beginning with the ominous words,

> *'What is happening to people is not okay…' the report flagged a litany of concerns and revealed some deeply disturbing testimony: 'She was hit, pushed, spat upon and had her property constantly stolen by both workers and other co-tenants.'*

It seems highly unlikely that the tone of evidence and submissions presented to the RC will improve, while the continuing disruptions caused by pandemic constraints seem set to continue. However, the work goes on, with the RC releasing its Fourth progress report in September 2021 covering the six months from 1 January to 30 June 2021.

This noted, it had 'carried out a full program of activities during the reporting period… public hearings and private sessions, and again expanded our community engagement. We conducted and commissioned research; and released a number of new publications, including a public hearing report and research reports. We continued to receive and process submissions.'

A new face for the RC is Dr Dinesh Palipana OAM (above), current Queensland Australian of the Year, who was appointed as senior adviser on the experiences of culturally and linguistically diverse people with disability.

Dr Palipana was the first medical graduate and medical intern in Queensland living with quadriplegia. As co-founder of Doctors with Disabilities Australia, he has helped develop national policies for inclusivity in medical education and employment, is a senior resident at Gold Coast University Hospital, and holds a degree in law.

Speaking with NorDocs Dr Palipana said, 'Within the last two years, I have been privileged to engage with the Disability Royal Commission. More recently, I have been thrilled to be a senior advisor to the Commission focusing on culturally and linguistically diverse people with disabilities.

'This type of Intersectionality can amplify challenges that people with disabilities face. I am glad to live in a country where efforts like the Commission seek to unravel these challenges in order for our society to create equity.

'From my personal perspective, community organisations play an important role for people with disabilities. People with disabilities experience barriers in so many areas. Organisations that have a finger on the pulse, that are on the ground, can not only affect positive change for the individual but also generate systemic evolution by being a powerful voice.'

The vast swag of the RC's material, archived and emerging weekly, can be viewed on its **website** where timely matters covered in the public hearings include the education and training of health professionals in relation to people with cognitive disability (Public hearing 10); the experiences of people with cognitive disability in the criminal justice system (#11); and the experiences of people with disability in the context of the Australian Government's approach to the COVID-19 vaccine roll-out (#12).

Logistically, the RC could not have been held at a worse time. Morally, its commissioning could not have been delayed for a single day, given the urgency of airing – and as soon as possible, addressing – the serious issues raised.

North Coast PHN improves Mental Health support

by Dr Nathan Kesteven

There have been some great local improvements regarding mental health services, with Healthy North Coast introducing a raft of options for a wide range of patients with mental health conditions (see below). Coupled with this there are now several Telehealth services that can provide practices with access to not only psychiatric services but nearly all other medical specialties (see list below), with these services generally bulk-billed and often able to be delivered to the patient at home.

Some 24 years ago my sister died as a result of a severe mental health condition. At the time there did not exist any well coordinated outreach services, with acute services only at Richmond Clinic, Lismore Base Hospital.

Now at the Base, there are not only acute adult mental health services (Tallowwood) available but also the Child and Adolescent inpatient facility (Kamala) and the Older Persons Mental Health Unit (Lillipilli). Just as importantly, Byron Shire Hospital hosts the Tuckeroo Adult sub-acute unit, which offers care for those with mild/moderate mental health conditions. (See below for contact details.)

Coupled with these are the Community Mental Health Services (02) 6639 9400, which come into play in acute situations and offer ongoing outpatient support and admission if needed. Plus there is the Mental Health Line on 1800 011 511 for immediate support when needed.

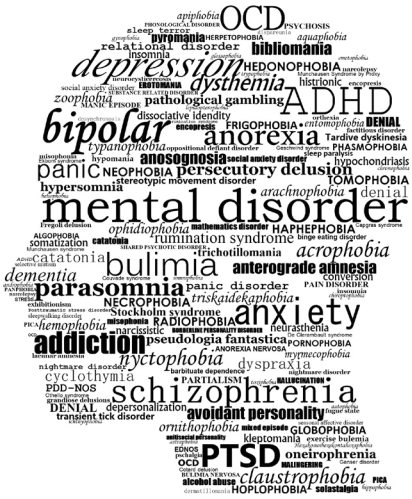
Healthy North Coast has put together a raft of support and therapeutic options, which are listed on their website.

- **Connect to Wellbeing – North Coast**
- **Mental health support**

The site also hosts support for the NDIS and Drug and Alcohol Services.

The number of options and supports that are available via this PHN service is fantastic (at least by my measure) and well overdue. They are all free and easily accessible.

For instance, the **Low Intensity Mental Health Service** offers quick access for



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providers for those who need low level mental health support while they are awaiting more formalised help, for example from a psychologist. This service is based on the Cognitive Based Therapeutic approach and given by trained therapists (though not clinical psychologists). There exists a dedicated Aboriginal/TSI service under this program as well.

While the Healthy Minds Suicide Preventions Service has an average wait time of six days, if the patient needs immediate help this is available via the Mental Health Line/Emergency services.

The one service that is, to my mind, a great addition is the Complex and Severe Mental Health Service, with services provided by credentialed Mental Health Nurses that include psycho-education, care coordination, motivational interviewing, support with mental health medication management, mental state examinations and identification of and connection to treatment for co-existing physical challenges.

The Service also supports and refers clients to providers of psychosocial services and where appropriate supports clients to apply for the NDIS. The average wait time for the Service is 20 days.

The LHD/inpatient service and Acute Care Team, as well as GPs, can refer directly to a credentialed Mental Health Nurse contracted to the Service or can refer via Connect to Wellbeing North Coast (intake, assessment & referral service).

Importantly, patients under this service can access the Commonwealth Psychological Support Program (CPS), the aim of which is to assist those in the community with moderate to severe mental health to access a broad range of person-centred activities to address psychosocial impacts.

The program aims to:

- increase functional capacity to live independently in the community.
- reduce the need for acute mental health services.
- increase connection and reduce isolation.
- increase knowledge and skills.
- increase engagement in daily activities, relationships, and the community.
- improve or stabilise mental health and wellbeing.
- improve self-confidence and independence.
- move towards personal recovery goals.
- support access to appropriate supports, including the NDIS where appropriate.

CPS is provided through the following agencies – The Buttery, Mission Australia, Chess Connect and Momentum Collective. There is currently an average of a four-week wait to access these supports. The LHDs are increasing their referrals to the program, as the criteria changed for three of the four agencies to enable acceptance of new referrals from July 2021.

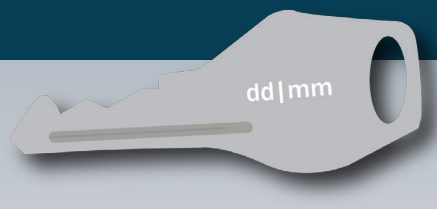
As well the GP Psychiatry Support Line has been commissioned by a number of PHNs, including Healthy North Coast, to assist GPs with care of mental health consumers. GPs use the line to speak directly to a psychiatrist for advice on:

- Diagnosis
- Investigation
- Medication
- Safety plans

In the first year of operation (2019/20), 96% of calls to the line were about medication. Survey respondents reported a high level of satisfaction with the advice.

continued on P13

Good Enough Privacy



by David Guest

Netflix, Hulu, Amazon Prime, Stan, Apple TV, SBS, iView, Disney, Discovery+, Binge, MUBI and of course YouTube. These streaming services are part of our daily lives. Australians **spend 40 hours per week** online, as much time as they do at work! For many in COVID-19 times, being online is being at work.

And it is all made possible by the National Broadband Network, an initiative of the Rudd Labor government in the noughties to provide high speed internet connections to Australian households and businesses. The roll out was accelerated (or cannibalised depending on your viewpoint) a few years later by the still very public Malcolm Turnbull when Communication Minister in the Abbott government.

Australia ranks 62 in the world for internet speed, comparatively slow for a developed nation but fast enough to allow for a couple of simultaneous Netflix streams.

The NBN runs on a packet switched network (PSN). Data is split into small packets to make the most efficient use of the infrastructure. And data is not just text but includes the Netflix media stream or your Zoom voice and video connections.

Unfortunately for North Coast medical practices the fax machine continues to survive from its pre-internet days. It uses the old public telephone switching network (PTSN) and this is not compatible with the NBN. However, it is possible to get a fax machine to work with the NBN using an adapter. Local IT providers like **Rosh-Tech can assist in setting these up**. Alas, the results can still be disappointing. It takes two to tango and also to complete a fax 'handshake'. Sending a fax often fails in these situations. It is the bane of the medical receptionist's life.

One solution is to use a fax provider. There are **dozens to choose from**. The providers offer several options but the neatest is to set up an email-to-fax gateway. The document is sent as an email attachment to the fax provider who then forwards it to the recipient as a fax.

It is not a secure means of communication in many cases and can be expensive if it is the practice's default means of communication.

From a general practice viewpoint digital information is much preferred to the picture format of a fax or a scan. It is much smaller to store and can be searched at a later date within the patient's record. This is of more relevance for general practitioners with responsibility for patient care over the long term rather than the episodic care of specialist medical practice.

Electronic transfer of patient data has had a long gestation in Australia. Its usage has risen slowly over 20 years. Radiology and pathology are almost exclusively sent electronically. However, GP/specialist e-communication is far from universal.

The major secure message delivery providers (SMDs) are Medical Objects, HealthLink and Argus and they each provide a relatively seamless e-communcation channel for their users. However, they have different business structures and each uses slightly different technologies. They can interoperate to some degree but there are commercial disincentives to do so. It is a veritable eTower of Babel.

The government, incentivised by the COVID-19 pandemic, has pushed through a number of new electronic technologies in the last two years. These days nearly everyone has an email address and a smartphone – if only because you need it to get into the pub.

While it is now possible to email many patients their private health information it is a requirement of **Australia's health privacy laws** that this be done via secure means. Few have the capability of setting this up, so once again GPs and their staff are stymied.

The latest version of Best Practice, the electronic health record software, has introduced several new features, a number of which are directed at improving secure communication.

Following Google's lead over the last five years, Best Practice allows users to send email more securely through mail providers like Gmail, Apple, Yahoo and Microsoft. In addition they also default to sending documents in encrypted PDF format. Many will be familiar with this format having received similar documents from their bank or insurance companies. Decrypting the documents depends on each party knowing 'the pin', a shared secret, that will unlock the contents of the document.

While this is some improvement it does require that each party knows or has access to the key. A common method used by many companies is to use the subject's date of birth.

Best Practice defaults to dd/mm but it is possible to set the decryption key to another random number. However, as the key is only four digits long it is trivial for any computer literate intermediary to crack. It is hoped that future versions of the software will have longer and stronger keys.

It is also important that the decryption key should not be shared with the recipient using the same communication channel, which is mostly email. If someone can intercept or access the original document they can usually access the follow-up message with the decryption key. One needs a back channel to send the pin.

Banks and web sites will often use a mobile phone number to send the pin. These one time pins (OTPs) are a considerable improvement in ensuring the privacy of the data sent.

Best Practice has a robust method for associating a mobile phone number with a particular patient and for getting permission to use that for doctor-to-patient communications. They have also developed an app that provides the same functionality.

In the future it is hoped that Best Practice combines these technologies so that we will finally have a secure way of communicating with our patients. When that happens receptionists around the country will rejoice.

Thirty years ago **Phil Zimmerman** wrote an asymmetric key encryption program, called **Pretty Good Privacy**. It remains today the standard for higher level encryption and is used for all serious secure communication. It is the default for Australia's health Secure Message Providers.

The current approach by Best Practice is a great improvement on plain text communication but it is still far weaker. However, it is probably good enough privacy, at least for the time being.

Farewell to Dr Neil Thompson

Obituary - Dr Neil Thompson
07/03/1940-30/10/2021

Dr Neil Thompson, Lismore's first orthopaedic surgeon, has passed away peacefully in Byron Bay with his wife Elaine, and his children, by his side. Neil was a highly devoted and respected doctor in Lismore for over 25 years, serving this community and surroundings with great skill, care and compassion.

Neil's opus magnum in retirement was his book, *Sawbones, Saddle Burns & Soothing Balms: Medical Practitioners in the Richmond Valley, 1866–1986*, a history of the local medical fraternity from 1866 to 1986.

Normag editor, Robin Osborne reviewed the book in February 2015. The launch at the Alstonville Historical Society was attended by hundreds of his friends, acquaintances and colleagues. At the 2019 Nordocs Unconference Neil recounted tales of some of our more colourful predecessors. (Default nordocs password)

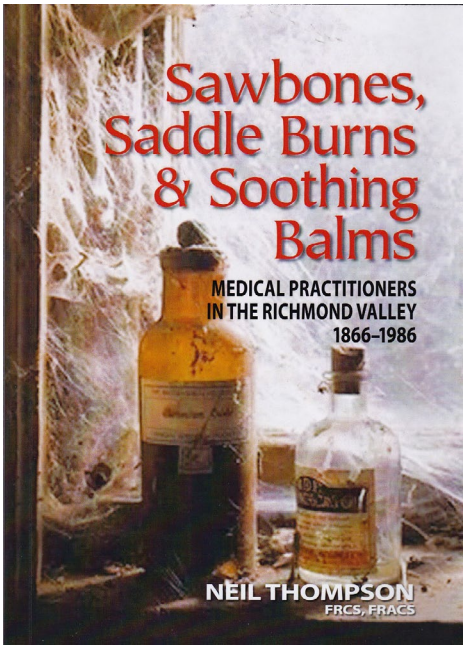
The following is the Forward to the book.

Neil Thompson was born and bred in Bondi, son of a schoolteacher and a WWII Bombardier who served in New Guinea. He graduated from Sydney University Medical School in 1965, having had many long vacation jobs—ranging from loading goods trains at Central Rail Station, to working as a groundsman at Sydney University Oval and painting the fence and toilets. His main recreations were club cricket with Waverley and Sydney Uni for many years, and tennis.

Dr Neil Thompson speaking at the NorDocs Unconference in June 2019.

After hospital resident years, he went to England for four and a half years' training in surgery, and settled into orthopaedics after working in six large hospitals and being influenced by some very fine surgeons and teachers. He completed his training in Sydney, then worked in the outer western suburbs before formally responding to the need for a resident orthopaedic surgeon in Lismore in 1976, and settling there with his English Suffolk-born wife and three young children. From the outset, he found great scope for his particular interests of trauma injuries and children's conditions.

He managed to negotiate the medical mill before spending twenty-five years in solo consultant practice in the Richmond Valley, thus meeting many doctors in the area and thereby being able to observe medical proceedings from the inside.



Available in Kindle edition

North Coast PHN improves Mental Health support

continued from P 11

The GP Psychiatry Support Line also offers four webinars with Professor Martin Cohen and invited psychiatrists (see individual links in starting points below). The topics, which have been confirmed as most common by research, are based on feedback from GPs and the community.

Finally the PHN is working on a web-based database of psychologists and counsellors in the Northern Rivers. This database, soon to be launched, will not only highlight the particular interest of that psychologist/counsellor but also have information regarding their availability. This is a wonderful step forward and will help both practitioners and patients in allowing for more timely and effective delivery of mental health services. Watch this space...

Resources

Northern NSW LHD

- Lismore Base Hospital Mental Health Service
- Byron Bay Hospital Mental Health Service

Primary Health North Coast

- Health coordinators
- Mental Health support
- Wellbeing support

Telehealth Services accessible via Medicare Bulk Billing:

- Telehealth access
- Dokotela

SULLIVAN NICOLAIDES PATHOLOGY

Our pathologists support you in your practice

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

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

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

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

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

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

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

Dr van der Hoeven joined SNP in 2019.

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

SULLIVAN NICOLAIDES PATHOLOGY

‘No rear vision mirror’ for retired Board chair

by Dr Chris Ingall

A meeting with Brian Pezzutti is like running a marathon race and a sprint all at once. I ask him how he has managed to keep up his intensity for so long? He turns to his wife Christine, a general practitioner until recently, and tells me she is the answer to that question. Christine had provided support in so many ways; his best friend and confidante, reliable money source when he was an MLC and now a guiding hand in retirement. Not that he is fully retired, he reminds me, with his anaesthetics still an interest. (He is excited about being able to work locally again now he is no longer Chairman of Northern NSW Local Health District board).

The three strings to Brian’s bow are intertwined. His stellar career as Board chair for the last eight years could be seen as part of his political career or part of his love of medicine. Equally, his medical love of anaesthetics (and intensive care in particular) drove his strategic mind into the political sphere. Very disciplined in public life, his army affiliation provided yet another outlet for his medical skills. It is fair to say he reached the zenith in each of them, Brigadier General, Chairman of the LHD Board and Liberal MLC for 15 years, and in fact it probably does no good to try and tease them apart for each gave purpose to the others.

How does a boy born in Casino Hospital and brought up in Bonalbo (coming from an

Brian Pezzutti, aged 4 (centre front).

excellent Italian pedigree) manage to climb these dizzy heights to achieve so much in so many areas? Guts, intelligence and determination would be the pithy answer, and for me these qualities are reflected in the man sitting opposite me.

Liberal MLC from 1988 to 2003, he gained a close knowledge of both the political and bureaucratic frameworks that would help Lismore grow. On either side of this service he was Director of Anaesthetics for fourteen years. Starting in 1976 with the strong leadership of Sister Nan Pulsford, he created, with his friend and anaesthetist David Ullyat, a top-class Intensive Care Unit at Lismore Base Hospital. On the back of that achievement has come an abundance of medical specialists to Lismore, bringing with them a skill set that leaves local patients with a quality and quantity of service second to no other regional centre.

Recognition of his strategic mind led to numerous appointments on State Government Advisory Committees, often as Chair, and elevation to Assistant Surgeon General. Brian particularly enjoyed chairing the Mental Health Task Force in 2003, which bore fruit in many areas across the State, and especially in Lismore.

He was seen as an honest broker in the Parliamentary world, though it was not always plain sailing, and as the LHD chair he sometimes had to stand up to the Minister to ensure we received our fair share of money. He remembers this nearly caused him to be sacked on one occasion, but with some persistence he held his ground and made a case that has seen further growth of budget become the norm.

Indeed, when I asked him what he would like to be remembered for, he quickly shot back “I have saved Bonalbo Hospital twice” and this is clearly something that has meant a lot to him. He sees the growth of anaesthetics in Lismore as another major legacy, with the pain service and regional anaesthesia advancements as major achievements over time.

Brian’s character is a swirling mix of fierce loyalty, ambition and drive, persistence to the task and an understanding of the overlying critical strategies that need to be employed to achieve a goal.

We have been lucky to have such an amalgam amongst our colleagues, for this has paved the way to create the undeniable success that is Lismore health.

Brigadier General, Brian Pezzutti

They do breed them tough in Casino and Brian is no exception. With a firm and disciplined “crash or crash through” determination, which has meant obstacles do eventually tumble, he has shown how a boy born in the bush can become a man who can influence the city. Brian describes himself as having “no rear vision mirror” and has no regrets about the way he has spent his time on the planet. Many would agree with him.

Dr Chris Ingall is a Lismore paediatrician.

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Lotus links compassion with clinical practice

by Hayley Katzen

According to Palliative Care NSW, most people say they would like to die in their homes but only 17% are able to do so. Lotus Palliative Care, a new service for the Northern Rivers region, will help more people have palliative and end of life care at home.

With decades of nursing experience behind them, Lulu Shapiro and Megan Paul believe Lotus Palliative Care can make a positive difference to the quality of life remaining for people diagnosed with a life-threatening illness or disease, and for their support people.

'We can't change the fact that a person is receiving palliative care,' said Megan, 'but we can ensure people, and their loved ones, are free from avoidable stresses such as hospital admissions.'

Assistants-in-nursing attend a home visit in the morning and provide personal care such as showering, skin integrity checks, mouth care and respite. They then convey any areas of concern to the registered nurse who attends a home visit in the afternoon to manage all the clinical care and symptoms including syringe driver management. The service works closely with the patient's GP to ensure all symptoms, including pain and nausea and the distressing symptoms associated with a serious diagnosis, are managed well. In addition, support and respite for carers and loved ones is available.

Lotus Palliative Care is a seven-day-per-week service with overnight on-call phone support. Carers can ring day or night and speak to a Registered Nurse or troubleshoot any problem or concern.

The service is available to everyone and can be engaged at any stage – before a person even enters a clinical setting or when a choice is made to transfer back home.

The cost is covered for anyone with a Level Four Aged Care package, under the NDIS or Veteran Affairs, and under some private health insurance funds. Others have the option to pay privately.

Megan and Lulu decided to set up Lotus Palliative Care when Silver Chain Group, the service they had both worked for, ceased offering palliative nursing care in the region on 30 June 2021. After seven years of service, Silver Chain Group's contract was not renewed by NSW Health, and all the staff were retrenched.

'After working in oncology and then as a palliative care nurse with Silver Chain, I really wanted to see people in this region continue to have the choice to die at home, with a professional and stable service to manage needs as they progress,' said Megan.

This is a commitment shared by the staff of Lotus Palliative Care, all of whom were formerly employed by Silver Chain Group.

Although this extensive experience means that Lotus Palliative Care has long-standing relationships with many GPs, Local Health Districts , Palliative Care Consultants and Local Hospices, Megan and Lulu are eager to meet with more GPs to discuss how the service can assist other patients. They also hope to educate the community about the possibilities available for end-of-life care so that informed decisions can be made.

According to Lulu, 'Many people don't realise they have a choice. But it really is possible to die at home surrounded by your memories and your people. Many of the people we've had the privilege of working with have said that there is something deeply reassuring and meaningful about being surrounded by the familiar at this time – both for the person we're providing direct, clinical care to and their loved ones.'

Lulu Shapiro and Megan Paul, palliative care nurses

Palliative care at home is very much a meeting of compassion, warmth, and kindness, and for Megan and Lulu and their team of highly skilled and experienced nurses, this work is more vocation than a 'job'.

'Lotus Palliative Care, like the many palliative care doctors and nurses I've had the privilege to work with, is informed by a profound awareness that it is an honour to care for people during these times and a belief that people should have a dignified and peaceful death,' said Lulu.

'Our promise is to affirm life and respect dying as a normal process while also bringing a deep care and respect to cultural, spiritual and diversity differences for the person dying and their loved ones.

For more information about Lotus Palliative Care, call 6680 4800. Our service ranges from Tweed Heads to Evans Head and out to Kyogle.

For more writing by North Coast Hayley Katzen go to NorDocs issue April 2021.

A unique Palliative Care Service

ADVERTORIAL

St Vincent's Hospital Palliative Care Unit provides a high-quality multidisciplinary service for those living with a life-limiting illness in our Far North Coast Community.

The dedicated nine-bed Palliative Care Unit provides in-patient care for public and private patients and support for their families and carers. The Unit differs from the community service offered by Lismore Base Hospital which is best suited for acute presentations.

Multidisciplinary approach

The multidisciplinary Palliative Care Team at St Vincent's works closely with GPs to provide quality care, compassion and a range of services. The team, including specialised palliative care nurses, supports the physical, emotional, spiritual and social needs of patients living with a life-limiting or terminal illness.

Patient care is holistic and includes support for mobility and personal care needs and also provides access to speech therapists, dieticians and social work services. Pain control, symptom management and pastoral care are key services provided by the Unit and patients can be referred at any stage of their illness.

GP involvement

GPs can get involved in their patient's care as much or as little as they like. In concert with the Palliative Care Unit, local GPs can provide seamless, end-of-life continuity of care for their patients or hand over the care to the Unit.

"Whilst it is accepted that palliative care is a subspecialty, it lends itself to continued GP involvement, particularly for those GPs who believe in the importance of caring for their patients right to the end," said St Vincent's Hospital Medical Officer, Michael Lambrou.

"Our Palliative Care Unit works with GPs in a way that best suits them and their patients. It's good for patients to see a friendly face and reassuring to know their GP is still on-hand," said Dr Lambrou.

GPs struggling to manage their patient's symptoms at home can access the Unit for support with a view to helping the patient return home. And when families or patients are not coping with end-of-life care at home, the Unit is on hand to support these needs too.

"Where possible we aim to fulfil families and patients' wishes and to be as flexible as we can," Dr Lambrou added.

GP admitting rights

So that admissions to the Palliative Care Unit are better streamlined, Dr Lambrou encourages local GPs to apply for admitting rights to St Vincent's.

"It's surprisingly simple for GPs to apply for admitting rights and it certainly makes life easier for GPs and their patients who need to come into the Palliative Care Unit. As a primary care physician, if you have admitting rights, you can admit patients with some paperwork and a quick phone call," he said.

To apply for admitting rights GPs should email **credentialing@svh.org.au** for further information.

To access the Palliative Care Service GPs should phone the St Vincent's Hospital Medical Officer on 0419 449 183. After hours and weekend admissions are accepted.

"In the end our approach is to aim to give the best possible quality of life for those living with a life-limiting illness," said Dr Lambrou.

"GPs can call me at any time to see if we can help make their patient's journey a little easier."

Palliative care under the microscope

Report says 1-in-100 GP consultations involve palliative care

Given the political debate around end-of-life decision making and the need for more effective and accessible palliative care the AIHW's **report** *Palliative care services in Australia* could not have been better timed.

Before interrogating the stats let's take a look at the terminology.

With typical verbosity the World Health Organization is quoted as calling palliative care 'an approach that improves the quality of life of patients (adults and children) and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.'

In Australia, and many other parts of the world, the demand for palliative care services is increasing due to the ageing of the population and the increases in the prevalence of cancer and other chronic diseases that accompany ageing, the report notes.

'Historically, it was assumed that palliative care would commence only once all treatment aimed at 'curing' people had finished or only when a person was dying. Now, it is well-accepted that there is benefit in providing palliative care in association with disease-modifying therapies that aim to prolong life.

'It is also recognised that many people with life-limiting illnesses are not 'cured', but continue to live with these illnesses for many years.'

It adds, 'A distinction is commonly made between care provided in hospitals (including hospices or dedicated palliative care wards) and care provided in the community (such as in the patient's home or in residential aged care facilities).

'Specialist palliative care services are comprised of multidisciplinary teams with specialised skills, competencies, experience and training to deliver care to people where the palliative needs are complex and persistent (PCA 2018). Specialist palliative care services operate from a variety of settings, including specialist inpatient consulting services, specialist inpatient settings, hospices and community-based specialist services (DoH 2019).'

The AIHW report, online and updated twice yearly, notes that data collection has been impeded by the discontinuation of the BEACH survey (1998 to 2016), and this presents a challenge for future reporting on the pivotal role that general practitioners have in delivering high quality palliative care.

GPs, it noted, 'play an important role in palliative care as well as the health-care system more broadly'.

For example, the last BEACH indicated that about 1-in-1000 GP encounters were palliative care-related. The AIHW, on the other hand, cites a Department of Health study showing a frequency ten times higher – [it was] 'estimated that palliative care consultations account for about 1 in every 100 GP consultations (1%) (Department of Health 2017).

'The differences in the results between this survey and the BEACH survey are likely to be due to different methodologies including aspects such as the composition of the populations of GPs who responded to each survey and how a palliative care encounter or consultation was defined,' the report notes.

It goes on to say 'there is no nationally consistent, routinely collected primary healthcare data collection that enables reporting on the provision of palliative care by GPs.

'Furthermore, while the Medicare Benefits Schedule (MBS) includes specific items for palliative medicine specialist services (delivered by palliative medicine specialists) for which it will reimburse a proportion of the MBS fee... there are no palliative care-specific items that can be used by GPs or other medical specialists who may be providing palliative care (such as oncologists).

'It is therefore likely that GPs use other MBS items, for example, those for chronic disease management and home visit items, when providing patients with palliative care.

'Consequently, the extent of palliative care-related services delivered by GPs cannot be established from existing Medicare data.'

This is not to downplay the value of the data, which reveals (BEACH figure) that about 9 in 10 palliative care GP encounters were with people aged 65 and over. Females accounted for 53.0 per cent of this patient cohort. Palliative care-related encounters with Indigenous Australians were 1.3% of the total, less than half the proportion of the general population which is Indigenous.

Some 53.6 per cent of palliative care hospitalisations and 54.2 per cent of other end-of-life care hospitalisations were for people aged 75 and over.

Other findings from the survey were that GPs' understanding of what constitutes palliative care and end of life care varies widely and that differing palliative care settings have very different requirements in terms of best practice. The report on the survey also provided a range of recommendations, including better defining the role of GPs in palliative care, promoting a better understanding of the clinical triggers for commencing palliative care, the development of local directories to enable GPs to access palliative care resources and better communication and integration with other parts of the health system including encouraging referrals to specialist palliative care teams or GP experts.

AIHW says it is currently working with stakeholders to establish a consistent data collection on palliative care activity in general practice, to better inform the community and enable decision-makers at all levels to monitor GPs' provision of high quality palliative care to Australians that meets their needs.

‘Ice’ commissioner still frosty on NSW Govt’s inaction

by Robin Osborne

In a robust commentary on the NSW Government’s managing of drug policy the former head of the NSW Special Commission of Inquiry into the Drug ‘Ice’, Professor Dan Howard SC, has penned a second article a full response to the recommendations of the inquiry.

The **op-ed piece** in The Sydney Morning Herald said, ‘ I wonder how many citizens of NSW realise that, for more than a decade now, we have had no formal drug and alcohol policy whatsoever.’

‘The four-volume Report of the Special Commission has been ‘widely embraced by the drug and alcohol sector as a powerful way forward. The NSW Bar Association has endorsed all 109 of its recommendations,’ Prof Howard went on.

‘This month, the Royal Australian College of Physicians, the Royal Australian & New Zealand College of Psychiatrists, the Royal Australian College of General Practitioners and the NSW branch of the Australian Medical Association issued a joint statement calling for a response.’ Soon afterwards, on 1 November, NSW Attorney-General Mark Speakman expressed hope that his Government, now under Dominic Perrottet’s leadership, would respond by this Christmas, adding he would be disappointed if this failed to occur.

In mid-2020 NorDocs **reported** on Prof Howard’s own disappointment with the then-Berejiklian government’s response.

Now, he has gone one step further: ‘After releasing a desultory ‘interim’ response in February 2020, rejecting five of the 109 recommendations, the government said it would address the remaining 104 recommendations ‘before the end of the year’ – but 2020 came and went with cabinet apparently unable to reach any agreed position.’

Among the immediate rejections were the advice to open more medically supervised injecting centres, run needle and syringe programs in prisons, allow consumer substance testing (a.k.a. pill testing), notably at music festivals, and end the use of drug detection dogs.

Nearly two years after the report was delivered Prof Howard is clearly at his wit’s end, writing, ‘The problems identified in my inquiry’s report are only worsening with the impacts of COVID-19 and will continue to worsen as long as the government ignores the imperative of genuine drug policy reform backed up by very substantial increases in the financial resources being allocated to the drug and alcohol sector.’

Noting the commission of inquiry – which held hearings in regional areas including Lismore – had cost taxpayers more than $10 million he stressed that ‘its recommendations are in large measure supported by the key medical colleges engaged in drug and alcohol treatment and by the NSW Bar Association.’

It's not always the chicken

by Mike Fitzgerald,
Veterinary Surgeon

A casual chat with a client about her sick mum at the vet clinic recently revealed a little pearl which led me to diagnose her mum's cat's illness and taught me a lesson about how I could improve my history-taking skills.

The client, in her late fifties, was describing how she had been busy caring for her elderly mother who had become disoriented and collapsed at home with acute severe diarrhoea and vomiting. She was stabilised in Emergency and admitted to hospital, testing positive for both E.coli and Campylobacter jejuni. She responded rapidly to antibiotics and fluid therapy.

My ears pricked up at 'C.jejuni' and I mentioned that C.jejuni can be zoonotically transmitted.

I then asked my client whether her mother had any pets. She replied that she had a cat named Etta, which was quite well despite being underweight, vomiting regularly, and having had unformed and occasionally bloody stools for the last 18 months.

The cat toileted in a litter tray in the house that her mother would have handled for cleaning daily, not to mention petting the cat. You will remember that cats (and dogs for that matter) are fastidious groomers and clean their back ends with their front ends!

The plot thickening, I recommended the client bring Etta in for a Feline Diarrhea PCR panel which screens for Clostridium perfringens enterotoxin A gene, Salmonella, Cryptosporidium, Giardia, Trichomonas fetus, Toxoplasma gondii, Campylobacter coli, C. jejuni, Feline coronavirus (FCoV), and Feline Panleukopenia Virus.

The cat returned positive PCR results for Clostridium A (not uncommon in asymptomatic cats) and Campylobacter jejuni.

Infections with Campylobacter species are a leading cause of acute bacterial gastroenteritis (in humans) in industrialised countries, with Australia experiencing higher rates of illness than many comparable high-income countries.

A 2020 epidemiological survey of reported Campylobacteriosis cases in Australia from 2001 to 2016. Of 84 outbreaks, 61 per cent were classified as foodborne and of these 85 per cent involved chicken.

One quarter of outbreaks occurred in aged-care facilities. In 27 per cent of cases a source of infection was not identified.

All things considered, Etta was more than likely the reservoir and source of her owner's infection, especially considering the potential lapses in personal hygiene protocols that would accompany early dementia in an elderly person living alone with only partial support.

Etta was placed on a prescription diet high in pre and pro biotics and given a broad spectrum anthelmintic, whilst we waited for stock of suitable formulation of azithromycin.

Interestingly, the stool quality improved immediately and markedly just with the diet change and de-worming and continued to improve and resolve to normal once the azithromycin course of five days was completed. Etta has since gained weight and been well as has been the case for her owner. However, she has been re-homed to prevent any further infection.

This anecdotal report could serve as a reminder that with campylobacter gastro, 'It's not always the chicken' and just as my own clinical history-taking skills could be sharpened by including questions about a pet owner's current and recent health problems, medical professionals might be well served to include questions about the current and recent health of household pets, especially with older patients and children.

Of course, pets as asymptomatic reservoirs of zoonotic infection should also be considered.

Mike Fitzgerald is a veterinarian in the Northern Rivers.

Northern NSW smoking rates drop – but not enough

The smoking rate of over 14-year-olds on the NSW North Coast has dropped to 12.9 per cent, the lowest rate ever (it was 15.4 per cent in 2016), but it still lags well behind the state average of 9.5 per cent.

However, smoking rates are especially high in the Aboriginal community, with data from the Australian Bureau of Statistics showing that 43.4 per cent of Indigenous Australians aged 18 and over were current smokers in 2018–19, while 15.1 per cent of their non-Indigenous Australian counterparts still smoked.

'There appears to have been no change to the gap in smoking prevalence between the Indigenous Australian adult population and the non-Indigenous Australian adult population from 1994 to 2018–19,' according to the AIHW.

'Even though the Indigenous Australian smoking rates are declining, the non-Indigenous rate declined at a similar rate, therefore the gap remained constant.'

The data showed that most of the decline in smoking in this period occurred in Non-remote areas. In fact, the proportion of Indigenous smokers in Remote areas rose slightly from 54.3 per cent to 59.3 per cent

The Cancer Council NSW emphasises that tobacco smoking is the single most important preventable cause of ill health and death in Australia. It is responsible for more cancer deaths in Australia than any other single factor, as well being directly responsible for many heart and lung diseases. Tobacco smoke contains over 7,000 chemicals, of which over 70 cause cancer.

Professor Sanchia Aranda, former CEO of the Cancer Council Australia, said the generally declining smoking rates are being driven by reductions in smoking in young people, continuing a long-term trend since governments stepped up tobacco control efforts in the 1990s.

Professor Aranda said studies identified an increase in e-cigarette use in young people, including among those who continue to smoke and those who had never smoked. Some 64.5 per cent of 14-17-year olds and 39 per cent of 18-24-year olds reported they were never smokers at the point they first tried e-cigarettes.

Concerns include the apparent evidence that e-cigarettes do not reduce smoking rates in young people and may actually increase them: 'Combined with established evidence that e-cigarettes are no more effective as a quitting aid than safer options, as well as evidence of their dual use and association with smoking and nicotine addiction in young people, Australia's precautionary approach needs to continue,' Prof Aranda said.

'We're on the threshold of a new generation of smoke- and nicotine-free

young Australians, free from the marketing tactics of the tobacco industry… we need more of what works to protect young Australians from commercial interests. And we need more of what works to bring down smoking prevalence across all populations.

AIHW figures show almost 2-in-5 smokers had tried e-cigarettes in their lifetime, a significant increase since 2016, with a significant increase in the proportion of non-smokers who had tried e-cigarettes in their lifetime. Some 3.2 per cent of current smokers used e-cigarettes daily. There were significant increases in the lifetime use of e-cigarettes across most age groups between 2016 and 2019, in particular for those aged 18–24 (from 19.2 per cent up to 26 per cent) and 25–29-year olds (14.8 per cent up to 20 per cent).

The most common reason for trying e-cigarettes was curiosity (54 per cent), but people's reasons varied by age, with those aged under 30 more likely to nominate curiosity while people aged 50 or older were more likely to use e-cigarettes as a cessation device. Almost 1-in-4 used e-cigarettes because they thought they were less harmful than regular cigarettes.

The main difference between e-cigarettes – or 'vapes' – is whether or not they contain nicotine – along with a diverse choice of flavoured liquids – this being the presumed reason for using the devices. Yet from 1 October this year the federal government, despite the opposition of some of its own backbenchers, introduced restrictions on the nicotine component, outlawing its direct importation or purchase from a licensed retailer without a prescription, and strict packaging rules to prevent ingestion by children.

The debate has now become (see the accompanying review of John Safran's book *Puff Piece*) whether it is healthy, or healthier, to regard vaping as a smoking cessation strategy because it heats, rather than burns, its contents and doesn't deliver carcinogenic tar. The problem is what else comes out of the device and into the lungs.

Sadly, as the AIHW reports, about 3-in-10 smokers do not intend to quit, the main reasons being that they enjoy it (61 per cent) or because it relaxes them (the remaining 40 per cent). Some 1-in-5 do not intend to quit because they are addicted to nicotine, while 1-in-6 had experienced failed quit attempts.

TBEC Review, CC BY 2.0 <https://creativecommons.org/licenses/by/2.0>, via Wikimedia Commons

The main reasons smokers gave for trying to quit or change their smoking behaviour was cost (58 per cent, a figure that has risen - from 52 per cent in 2016 - as prices have) or because it was affecting their health (45 per cent).

Vapers now need to see GPs

The new regulations on nicotine vaping products balance the need to prevent adolescents and young adults from taking-up nicotine vaping (and potentially cigarette smoking), while enabling current smokers to readily access nicotine vaping products for smoking cessation with appropriate medical support.

As the TGA **reports**, 'Smokers and users of nicotine vaping products are encouraged to make an appointment with their GP to discuss their smoking cessation options. While nicotine vaping products are not widely considered to be "first line" smoking cessation treatments, they may be a reasonable intervention for people who have tried other approaches without success.'

There are three ways medical practitioners can prescribe the product:

- any registered medical practitioner can prescribe up to 3 months' supply for the person to purchase from an overseas website through the Personal Importation Scheme, or
- they can prescribe the product for dispensing by an Australian online or community pharmacy after obtaining TGA approval as an Authorised Prescriber or under the Special Access Scheme

It takes only a couple of minutes and is free to apply for approval as an Authorised Prescriber. The TGA publishes a list of Authorised Prescribers of nicotine vaping products on its website.

Medical practitioners also can provide face-to-face and telehealth nicotine and smoking cessation counselling services that are covered under new temporary Medicare Benefits Schedule (MBS) items. There is no requirement for the patient to have an established clinical relationship with the medical practitioner.

The Royal Australian College of General Practitioners has updated its guide on supporting smoking cessation to include additional information on nicotine vaping products. The TGA has also published practical information on the use of nicotine vaping products for smoking cessation. For more information, see the TGA's nicotine vaping products information hub.

More information from the TGA can be found at this link.

Book Review - Puff Piece

Puff Piece

John Safran

Penguin/Hamish Hamilton 353pp

In journalism a 'puff piece' is a weightless story praising a person or business and ignoring, or even covering up, any flaws they may possess. While John Safran's latest book certainly focuses on a brand name – the words Philip Morris appear on almost every page – the result is anything but an enhancement of the cigarette manufacturer's reputation.

As he makes this clear from the outset, the company's history of deceit is long and harmful, the latest example being its response to the European Parliament's ban in May 2020 of menthol cigarettes.

Philip Morris agreed to stop the product's sale but announced a substitute: 'It's not a menthol cigarette, they assure everyone. It's a menthol HeatStick. But a HeatStick is just tobacco rolled in paper with a filter at one end. You know, like a cigarette.'

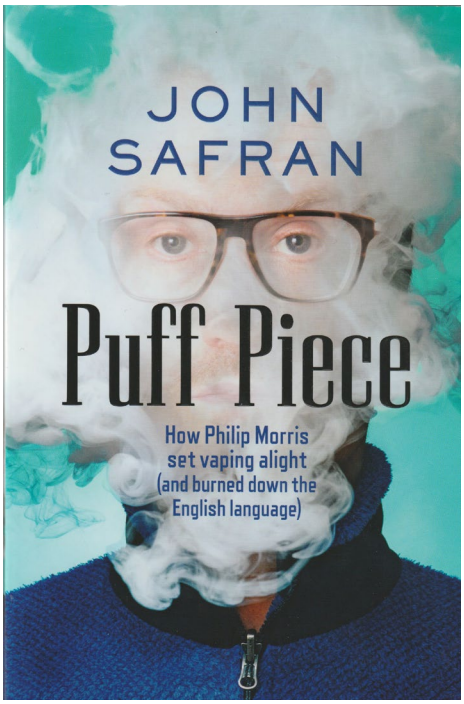
This non-cigarette, now being marketed well beyond the menthol ban phase, is activated by a device called an IQOS (pronounced 'eye kose') that heats the tobacco to a high temperature to release what the company denies is smoke, without actually burning, enabling the not-smoker to draw nicotine and tobacco, plus cancer-causing tar, into the lungs.

The lack of combustion is the basis of the company's claim that they are not producing a cigarette.

'When you're finished,' Safran says, 'you flick the HeatStick into the bin or onto the ground. Like you'd flick a cigarette butt into the bin or onto the ground.'

The book's tone is darkly humorous and unrelentingly angry with a company that has killed millions around the world while buying its way out of and around every legal attempt to stop it. The IQOS is its latest play, coming at a time when anti-smoking pressures are peaking and, as luck would have it, another 'healthy' smoking device is sweeping the world, or at least the West.

Enter the e-cigarette, a battery-operated device that heats a liquid to produce a



vapour that users inhale. Hence the term 'vaping'. The fluid in these devices can be bought in a myriad of flavours. What can't be bought, as of 1 October this year, is liquid nicotine, which has been banned for importation or sale in Australia without a prescription relating to smoking cessation.

In its latest cynical, massively funded strategy Philip Morris is riding the slipstream of the vaping movement by seeking to portray the IQOS as a parallel healthy alternative to smoking. As Safran reveals, they have even helped fund the vaping movement's lobbying activities and legal actions.

The pitch is that the device doesn't generate smoke, but aerosol, and while your lungs are indeed drawing in nicotine and tobacco, this aerosol means 'the levels of harmful chemicals are significantly reduced compared to cigarette smoke' (the company claims).

It's 'sleek, blue and metallic-looking, roughly the length of a cigarette… like a pen an astronaut would have… it slides into a matching charging device… and the whole package fits into your hand. If I saw a woman holding one on a red carpet I'd assume it's some sort of compact or tampon case that I'm unfamiliar with because I don't read Vogue.'

This is a whip-smart book, laugh out loud funny despite being bleakly infuriating.

'I began this book assuming people would be enraged by Philip Morris… The word 'corporations' once took top spot… But, using my Twitter feed and left-leaning news outlets as a barometer, the word 'whiteness' has substituted in… Philip Morris, the lucky buggers, are the beneficiaries of a cultural shift. Judging eyes have drifted away from the corporations, the very same moment they're sending the IQOS into the world.'

Some 21,000 Australians die prematurely each year from smoking cigarettes, often from cancer, and as Safran says, people hate the product as a result. They should also hate the tobacco companies, especially Philip Morris because of its subterfuge claim that HeatSticks do not produce smoke.

As Safran comes to realise, he was blinded all along by the smoke screen (which might have been a better title): 'I realise the precise truth is that what makes cigarettes so harmful is the tar in the smoke they produce… I've been wild-goose chasing smoke this whole time… I should have been chasing tar… the deal maker or breaker is not 'Does the HeatStick produce smoke?' It's 'Does the HeatStick produce tar?'

The answer is 'yes', as Philip Morris, a.k.a. the 'Marlboro cowboys', admit but try to conceal when releasing the product's ingredient list to the American FDA: 'all but one constituent is given their ordinary name… Carbon monoxide is carbon monoxide, mercury is mercury. Only tar is scrubbed out, reworded as 'NFDPM' – Nicotine Free Dry Particulate Matter.'

The company admits, without shame, that the HeatStick produces 78 per cent of the tar produced by a cigarette. This, having lost a case arguing that 'low tar' cigarettes are a healthier option for smokers.

Will the claim that this unattractively named device is preferable to cigarettes enable the device to be sold here, as it is in Europe, Japan and elsewhere?

One hopes not, Your Honour.

Non-melanoma and Melanoma Skin Cancer in Australian surfers and swimmers

Australia is recognised as having the highest incidence of non-melanoma and melanoma skin cancer in the world and melanoma is often referred to as "Australian's national cancer". In Australia, two in three people are diagnosed with skin cancer by the age of 70, and those residing in Northern NSW and Queensland face the highest risk of developing melanoma.

Surfing and swimming are two popular recreational aquatic activities in Australia, with an estimated 2.7 million surfers and three million swimmers nationwide. These activities are associated with prolonged intermittent exposure to ultraviolet radiation (UVR), which is recognised as a causal mechanism in the development of pre-cancerous skin cancers (actinic keratosis), non-melanoma (basal cell carcinoma, squamous cell carcinoma, and squamous cell carcinoma in situ) and melanoma skin cancer.

Southern Cross University researchers Associate Professor Michael Climstein, Adjunct Associate Professor Michael Stapelberg and Dr Nela Rosic.

Southern Cross University's Aquatic Based Research recently completed its first in a series of studies on skin cancer in aquatic enthusiasts. We conducted whole-body skin checks on surfers and swimmers in SE Queensland and Northern NSW and found despite very high usage of chemical and/or physical sun protection strategies (100% and 92%, respectively) that 50% of the surfers and 27% of the swimmers were identified with at least a single skin cancer. The most common non-melanoma skin cancers in surfers and swimmers were basal cell carcinoma (11.2% and 14.5%, respectively), squamous cell carcinoma in situ (13.8% and 30.9%, respectively) and melanomas (5.2% and 1.8%, respectively). Most skin cancers were identified on the face, followed by the back and arms in surfers, whereas swimmers had the majority of skin cancers identified on the face, followed by the arm and lower leg. Melanomas were primarily found on the face (33%) and back (33%). Additionally, the standardised rate (per 100,000) of melanoma skin cancer was estimated to be 5,172 for surfers and 1,818 for swimmers, which is significantly higher than the standardised rate for the general Australian population of 53.5 (per 100,000). We also investigated UVR exposure during aquatic activity and found that the highest quartile of exposure (> 10,00 lifetime hours of surfing or swimming) was associated with significantly more individuals being identified with skin cancer and a greater number of skin cancers.

These findings highlight the clinical importance of regular screening in surfers and swimmers for early detection and treatment of skin cancer for improved health outcomes. Hence, our vision is to help prevent skin cancer through early diagnosis, especially in groups with an increased risk of developing melanoma. Our next study will include whole-body skin checks for early skin cancer detection with the aid of high-resolution digital dermoscopy enabling mole mapping and comparison, powered by artificial intelligence. This allows the clinician to document the entire skin and individual moles over time and detect pathological changes as early as possible to help improve skin cancer detection. Improved scanning capacity is particularly beneficial because early stages of melanoma development in high-risk individuals can lack any specific recognised features of melanoma and be of a very small size. Therefore, this study aims to predict and identify skin cancer in high-risk individuals, which is critical to improving health outcomes. Finally, to extend our research further, we look for industry partners to support the development of clinical biomarkers associated with the early detection and timely prevention of skin cancer.

If you are interested in becoming an industry partner or finding out more, contact Associate Professor Mike Climstein on 07 5589 3330 or **michael.climstein@scu.edu.au**

To find out more about Southern Cross University visit **www.scu.edu.au**

The Bookshelf

Mortals – How the Fear of Death Shaped Human Society

Rachel E. Menzies & Ross G. Menzies
Allen & Unwin 435pp

To quote Doors frontman Jim Morrison, whose Paris grave but not these words get a mention, no one gets out of here alive, and the lengths we go to avoid our inevitable fate, to make the passage to it easier and to prepare for a better afterlife are rich pickings for a book.

The father and daughter authors are acclaimed Australian psychologists who specialise in 'death anxiety'. While the title may be past tense, and much of their analysis historical, the fear of death, or of death practices not properly managed, is clearly still with us.

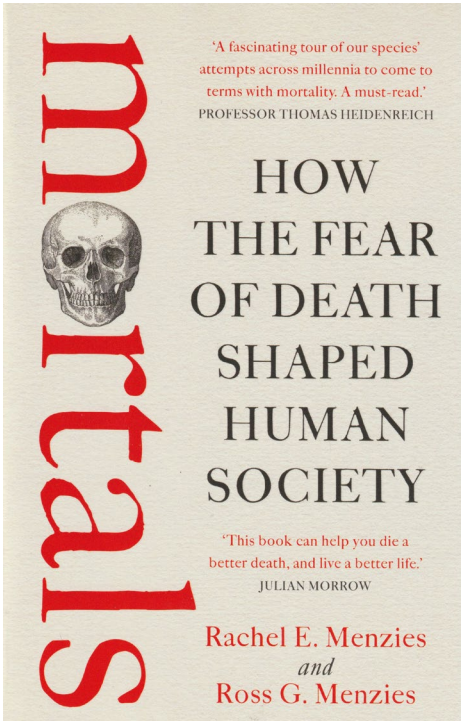
Take the Toraja people of Indonesia's Sulawesi island who bring deceased relatives into their homes for years, dressing the bodies in fresh clothing and addressing them in the fondest terms. I've seen it – bizarre but not mournful.

What I can scarcely credit are the tribal people 'from Indian to Borneo to Brazil' who have practiced 'mortuary cannibalism' for ritualistic reasons. Until 2021 the Fore in PNG did, too, until it was found that it caused terrible deaths through neurodegenerative disease.

Astounding are the accounts of Japanese Buddhist monks who 'increase the odds of a perfectly preserved corpse' by starving themselves for years to strip down body fat, drink tea made from a poisonous tree sap, then enter a cave and sit in the lotus position, meditating, until death.

This results in some of them, but not all, becoming mummies 'encased in wizened brown skin, head hanging forward as though in perpetual contemplative prayer.'

A similar outcome was sought by the ancient Egyptians, or those who could



afford it, although their bodies, with organs removed, were concealed in linen and placed inside a sarcophagus inside a pyramid.

Things are different in America where the common practice is to make the deceased look as alive as possible for the period they will be exhibited in open coffins for viewing by relatives and friends. This entails embalming with highly carcinogenic formaldehyde that causes immense environmental pollution.

Enter the clever folk who have invented the biodegradable 'Infinity Burial Suit' that contains mushroom spores able to break down human cells. No coffin is required, and the corpse will decay naturally with minimal contamination of the surrounding soil.

'Always reflect that soon you will be no one, and nowhere,' said Marcus Aurelius, one of the many luminaries speaking on death's inevitability. Others include Shakespeare, Dickens, the Gilgamesh epic and Woody Allen, plus lots of researchers and academics.

Seeking to minimise the fear of death is a common religious focus. Christianity (like the Pharoahs) promises a life after death. Islam does too, which holds particular appeal to suicide bombers seeking to meet virgins in a paradisical hereafter.

Hinduism, on the other hand, teaches a sequence of deaths and rebirths, determined by the karma we have accumulated in our lives. The pursuit of this 'determines whether you spend your next lifetime as a wealthy noble or as a dung-dwelling maggot.'

The Menzies are sceptical of all religions and rites, preferring the eight tenets of the 'death positive movement' that include, 'I believe that talking about and engaging with my inevitable death is not morbid, but displays a natural curiosity about the human condition'.

So, who fears death, apart from almost everyone?

Research shows that younger age groups are markedly more fearful than the elderly, which some say explains why the young are most likely to engage in exercise:

'Death anxiety has been shown to reduce across the lifespan... The elderly are more accepting of death as their under-representation at gymnasiums and fitness centres suggests. They are less likely to be trying to actively defeat death (although they may be using other strategies of denial like religious belief).'

It's a nice idea, but I suspect contestable: does seeking to boost fitness equate with trying to cheat death, or just improving life? In fact, if more oldies rushed to get on the treadmills the heart attack rate may go even higher.

It's a killer of a book, though.

Book reviews by Robin Osborne

Empire of Pain

Patrick Radden Keefe

Picador 535pp

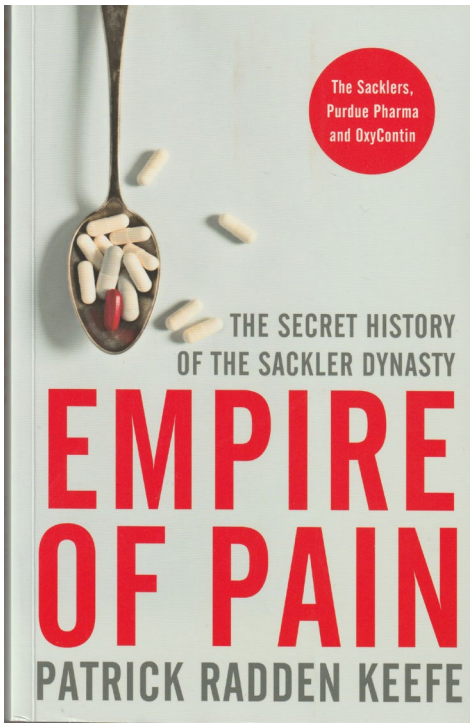
US journalist Patrick Radden Keefe made a recent foray into the world of podcasts, delivering a thought-provoking series about a German metal band whose Cold War era hit 'Wind of Change' may have been funded by the CIA.

His reputation, however, is based on his work for The New Yorker and as the author of lengthy books about challenging subjects. Keefe's previous outing, the 500-page Say Nothing – A True Story of Murder and Memory in Northern Ireland, won the Orwell Prize for political writing and was a disturbing inquity into the killing of Jean McConville, a mother of ten, during the 'Troubles' in Belfast.

The subject of this follow-up, encapsulated in the sub-title, 'The Sacklers, Purdue Pharma and OxyContin', is how three brilliant but morally corrupt generations of an immigrant family rorted the US legal and drug approval systems in the naked pursuit of personal profit. In the process of manufacturing and promoting their oxycodone brands the Sacklers, mega-philanthropists of museums, galleries and universities in New York, London and elsewhere, caused countless deaths and the ruination of millions of lives.

'There are many good books about the opioid crisis,' says the author of one of the best yet, explaining that his intention was to tell 'a story about ambition, philanthropy, crime and impunity, the corruption of institutions, power, and greed... I hope this book demonstrates [that] Purdue Pharma and the Sackler family have for decades invoked the interests of pain patients as a fig leaf for their own avarice.'

The Sacklers refused to engage with the author, instead sooling their vast legal team onto him and the publisher, even seeking



to have The New Yorker 'correct' the article that was this book's forerunner. After an exhaustive review by fact-checkers, not a single alteration was made.

As far as it went, oxycodone was the ultimate analgesic. The problem lay with the people who made it, promoted it as non-addictive, engaged sales teams to unscrupulously push it – push being the operative word, at one point the Sacklers are compared with South American narco lords – encouraged doctors to over prescribe it, and pharmacists to turn a blind eye to obvious abuse.

In short, as Keefe writes, 'The company had been fraudulently pushing its opioids with rank indifference to the dangers they posed.'

Who was to blame? Of course, the Sacklers, however much they sought – successfully over the years – to distance themselves from the decision-making responsibility in their firms, and their claims that everyone who succumbed to opioid addiction was a junkie and a loser.

The firm's and the family's pattern was cast by Dr Arthur Sackler, polymath and eldest brother who had 'pioneered medical advertising and marketing', and the 'co-opting of the Food and Drug Administration', long before the advent of Oxycodone. His greatest success was the promotion of Librium and Valium, but he set the tone of what was to come.

Purdue would go on to create 'a generation of people who were addicted to opioids, through the careful and relentless cultivation of demand for the drug,' Keefe writes.

Worse, they helped fuel an actual heroin epidemic by reformulating Oxycodone in a way that prevented it being ground up or melted down to enable snorting or injecting. The inevitable answer was for those able to be prescribed the drug, or to buy it on the street, to simply swallow it in larger quantities, thus causing even more deaths but greater sales for the company.

In early September 2021, after a lengthy legal saga documented by the author (as early as 2002 the company spent US$45 million fighting off lawsuits), The New York Times reported that a settlement had been reached: 'Purdue Pharma Is Dissolved and Sacklers Pay $4.5 Billion to Settle Opioid Claims'.

However, there was little celebrating: 'The agreement includes a much-disputed condition: It largely absolves the Sacklers of Purdue's opioid-related liability. And as such, they will remain among the richest families in the country.'

Justice, American-style.

The subject is dramatised in the series **Dopesick**, based on Beth Macy's nonfiction book **Dopesick: Dealers, Doctors and the Drug Company that Addicted America**, now streaming on the Disney+ service.

Doctors for regional and remote Australia

The University of Wollongong is committed to improving the health and wellbeing of people living in rural, regional and remote areas.

The University of Wollongong has demonstrated this commitment from the training of doctors and nurses with placement programs in regional and rural settings to world-class research and Australia-first programs targeting Indigenous health, early childhood, ageing, dementia and mental health.

The University of Wollongong believes that an important part of improving rural and regional health is to ensure that the people affected most – communities, patients and their families – are included in the process. That's why we partner with an extensive network of communities and health providers right across NSW.

"The major focus of Graduate Medicine at UOW is to improve the shortage of clinicians in regional & rural Australia. This was something that I feel passionate about. Throughout my degree, I have learnt how to be adaptable in different environments and found a passion for the critical care specialties. I'd like to challenge myself throughout my career and I hope to continue working in rural and regional Australia."

- Jennifer, Graduate Medicine

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COVID-19 hits Australians' wellbeing

As might be expected, the impacts of the COVID-19 pandemic have clouded many aspects of Australian life, with the population's self-reported 'life satisfaction' falling markedly, and loneliness and psychological distress rising, with reasons including higher unemployment and the stress of online schooling.

These findings are amongst those revealed in the Australian Institute for Health and Welfare's bi-annual snapshot of the nation's wellbeing, **Australia's Welfare 2021.** The report focuses on key areas such as housing, education and skills, income and employment, social support, justice and safety, and Indigenous Australians.

'The COVID-19 pandemic has touched many aspects of our lives and prompted a renewed community focus on the welfare and wellbeing of Australians,' said AIHW Deputy Chief Executive Officer Matthew James.

One of the most concerning findings is that 4.6 per cent of women experienced physical or sexual violence from a current or former cohabiting partner, with 65 per cent of them saying the violence had started or escalated since the start of the COVID-19 pandemic.

'Much of the data in the report is from 2020 and early 2021 and tells part of the COVID-19 story from the beginning of the pandemic until the early months of 2021,' Mr James said.

The AIHW regularly releases reports about welfare and health, including on the impacts of COVID-19.

The report notes, 'Social interaction with friends and family is important for wellbeing and mental health. Some of the measures implemented to manage the COVID-19 pandemic have the potential to exacerbate pre-existing risk factors for social isolation and loneliness, such as living alone.'

Indeed, 'average life satisfaction for Australians fell substantially during the early stages of the pandemic (from 6.9 out of 10 in January 2020 to 6.5 in April 2020)' although it rose slightly as infection rates and lockdown conditions started to be eased (6.8 in May 2020).'

By January 2021 the average level of life satisfaction had returned to pre-pandemic levels and this remained the case in April. However, in August 2021 life satisfaction was back to the same level as April 2020.

> In August 2021, 10.1 per cent of adults reported experiencing severe psychological distress…

On the loneliness question, 45.8 per cent of adult respondents reported in April 2020 that they were lonely some of the time, dropping to 35.2 per cent in November 2020 but rising to 36.7 per cent in August 2021.

'The ANUPoll surveys also found that the proportion of Australian adults experiencing severe psychological distress is higher now than it was prior to the onset of the pandemic. In August 2021, 10.1 per cent of adults experienced severe psychological distress - up from 8.4 per cent in February 2017,' Mr. James added.

Few will be surprised to learn that by the first quarter of 2021, after a brief dampening in the 2020 recession, house prices were rising at the fastest quarterly rate since 2009. In many regional settings aspiring local homebuyers and renters have been facing greater competition to secure suitable properties. Reasons for this added stress included people remaining in the regions and people leaving some of Australia's major cities.

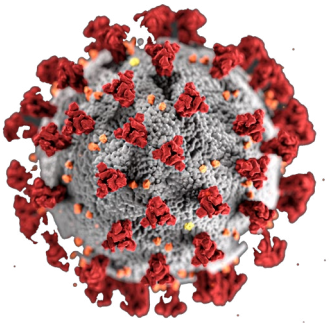
In an unexpected trend, fuelled by international border closures and other factors related to the pandemic, Australia's population growth slowed to the lowest rate in over a century.

'Based on projections from the Australian Government's Centre for Population future population growth is projected to remain positive but slow over the next few years, falling from 1.3% last observed in 2019–20 to 0.1% in 2020–21 and 0.2% in 2021–22 – the lowest level since 0% growth was recorded in 1916–17.'

Australia's population is projected to reach 29.1 million by 30 June 2032.

The nation has experienced, and may continue to experience, a net outflow of people – falling from an inflow of 195,200 people in 2019–20 to around -97,000 people by the end of 2020–21, and -77,000 people in 2021–22 before increasing to 235,000 people in 2024–25.

The total fertility rate has been falling – from 1.87 babies per woman in 1989–90 to 1.65 in 2019–20). It is expected to fall to 1.58 babies per woman in 2021–22 before increasing in later years and stabilising by 2030–31 (at 1.62 babies per woman).



Partnering vital for boosting Aboriginal vaccination rates

By Scott Monaghan

As Australia moves towards a high percentage of adults being fully vaccinated for COVID-19 the vaccination rates for Aboriginal and Torres Strait Islander people, the most vulnerable population, still has some ground to cover.

The disappointingly low COVID-19 vaccination rates cannot be attributed to one single cause. Undoubtedly, the roll out of, and access to, the preferred vaccine, this being Pfizer, is one factor. Vaccination hesitancy, fuelled by widespread misinformation and hearsay, is another. Additionally, some communities of faith have perceived contradictions between their beliefs and the health advice.

In Northern NSW, Bulgarr Ngaru Medical Aboriginal Corporation (BNMAC), estimates the total eligible Aboriginal population for COVID-19 vaccination to number 4,500 adults but by mid-August 2021 only nine per cent of this population had received the first vaccination dose and seven per cent were double vaccinated.

However, a vaccination drive and the increased availability of the Pfizer vaccine nearly doubled this figure within the next fortnight, resulting in some 16 per cent receiving a first dose and 15 per cent being fully vaccinated.

This surge in vaccination uptake coincided with the spread of the coronavirus in the Aboriginal populations of Wilcannia and Walgett – living proof of the devastation that the virus could cause. The first, unfortunate Aboriginal death in Dubbo, of an individual who was not vaccinated, was a wakeup call for many.

Importantly, Wilcannia provided an instructive lesson for service providers. We saw how once this coronavirus found its way into a small, isolated township with a high Aboriginal population it could spread quickly and viciously, placing both elders and children at risk. It became apparent that similar outbreaks could also occur in the small townships in Northern NSW.

We also noted that while there was vaccine hesitancy in the Aboriginal communities of this region, the hesitancy was not uniform. For example, the hesitancy rates in the Richmond Valley were generally higher than the Clarence Valley.

In early September 2021 many local Aboriginal people were receptive to receiving the Pfizer vaccine but were hesitant to accept AstraZeneca because of widespread misinformation, including a fear of side-effects. At the time, AMS clinics were receiving only a small fortnightly supply of Pfizer vaccines and it was estimated that it could take nine months to vaccinate a sufficient proportion of the Aboriginal Community.

In Northern NSW we have learnt over many years that we overcome adversity by working together, speaking with one voice and collaborating. We cause more confusion and hesitancy when we cast blame and point fingers. This made us think more deeply about how we could work together to drive the vaccination rates up to protect our Aboriginal community.

In response, BNMAC, Northern NSW Local Health District, Richmond Command (NSW Police Force), the Australian Defence Force, Rekindling the Spirit, General Practitioners and Bullinah Aboriginal Medical Service consulted about this challenge. As the major obstacle was the availability of the Pfizer vaccine in sufficient quantity, BNMAC devised a plan and a submission was made to the Commonwealth Government, supported by partner agencies, seeking enough Pfizer vaccines as a matter of urgency.

At the time we felt that, given the challenges in Sydney and Victoria, the likelihood of urgently receiving 2000+ Pfizer vaccines was slim. Yet, just over a week later, 2,070 Pfizer vaccines were received from the Commonwealth.

So we got to work with an ambitious timetable of delivering the vaccines to the community in six weeks, focusing on 15 vulnerable communities, including Baryulgil, Malabugilmah, Tabulum, Jubullum, Muli Muli, Box Ridge, and Cabbage

Tree Island. The LHD provided staff to assist the Aboriginal Medical Services for an intensive roll-out program. The ADF and NSW Police provided logistical support and the AMSs – BNMC, Jullums, Rekindling the Spirit and Bullinah – coordinated the delivery of the vaccines.

It was a truly collaborative effort.

Six weeks later we had achieved our objectives, doubling the Aboriginal community's vaccination rate in Northern NSW - 544 more Aboriginal adults were fully vaccinated, and many more have received their first dose.

Additionally, thousands of adults have been educated about the importance of COVID-19 vaccination. While we prioritised Aboriginal populations we found that many non-Aboriginal people also turned and we vaccinated around 1,300 residents.

In total, 1,845 individuals were fully vaccinated in many small far-flung townships. Rather than requiring community members from small townships to attend regional centres – where they felt they might risk exposing themselves to the virus – we took the vaccines to each community. GPs from the AMSs travelled to these communities on vaccination days to facilitate the roll out. This approach also overcame the limited transport options available to vulnerable populations in the outlying areas.

GPs helped overcome the misinformation in the community by facilitating discussion groups that addressed the misinformation. Social media was also used by GPs and other health care staff to communicate health information to communities.

We have also learnt about the important use of 'community champions', with Elders providing us with inspiring examples of how influential they can be.

For example, in Walgett community, Kamilaroi elder Kim Sullivan has been active in dispelling vaccination myths, dropping off masks and bottles of sanitiser to families, and working closely with Aboriginal organisations. In Casino a local Elder played a significant role in dispelling misinformation, encouraging vaccination in promotional videos, and was on-site every day to provide encouragement and reassuring words to overcome vaccine hesitancy.

Adversity brings opportunities for collaboration. In challenging times, long standing partnerships provide a sound scaffolding for working together. Our vaccination drive was an example of this collaboration in Northern NSW. This is what makes this region unique and makes many things possible. Credit is also due to the Commonwealth Government for recognising the opportunity and responding quickly by providing the vaccination needed.

Scott Monaghan is the Chief Executive of Bulgarr Ngaru Medical Aboriginal Corporation (BNMAC), established in 1991 to provide health services to the Aboriginal communities of the NSW Clarence Valley. It now operates a regional network of comprehensive primary health care services covering the traditional clans of the Yaegl and Gumbaynggirr Nations and a large proportion of the Bundjalung footprint. BNMAC provides services to communities spanning from Tweed Heads to Grafton.

Stereotactic Radiosurgery - Precision Radiation Therapy for Brain Metastases

Radiation therapy has dramatically evolved over recent years. With technological advances, our ability to target an area for treatment and avoid critical adjacent tissues has significantly improved. Higher radiation doses can now be delivered to small targets with reduced side effects. The ability to precisely deliver focussed radiation therapy to small tumour targets is ideal for the treatment of patients with brain metastases. Up to 10 small brain metastases can be irradiated in a single non-invasive outpatient treatment session.

Brain metastases occur in 30% of patients with cancer. The number of patients with brain metastases is likely to increase as patients live longer with their advanced cancer due to more effective systemic treatment options – chemotherapy, immunotherapy, and targeted therapies.

The main treatment options for patients with brain metastases are surgery, radiotherapy and best supportive care, and systemic therapy in select patients. Traditionally patients with multiple cerebral metastases have been treated with whole brain radiotherapy. While whole brain radiotherapy is moderately effective in controlling brain metastases, the adverse effect on cognition can be significant. Stereotactic radiosurgery (SRS) is a specialised type of radiotherapy which focuses high dose radiation therapy to ablate cancer cells, while minimising the radiation dose to normal healthy brain tissue and minimising adverse effects such as neurocognitive impairment.

In a randomised controlled trial, comparing post-operative whole brain radiotherapy or stereotactic radiosurgery, patients who had stereotactic radiosurgery had a lower risk of cognitive deterioration, but similar survival [1]. There is also evidence to show that patients with 5 to 10 brain metastases have a similar overall survival and low comparable toxicity to those with 2-4 metastases, when treated with stereotactic radiosurgery [2].

New technology now allows us to target each individual metastasis, with very limited dose to the surrounding normal brain tissue, achieved through a steep decline in radiation dose outside of the target metastasis. It was previously challenging to plan and treatment multiple small tumour targets and the patient would need to lie on the treatment couch for extended time. Now we are able to treat up to 10 brain metastases precisely with minimal radiation dose to the normal brain and minimising the likelihood of neurocognitive effects.

The state of the art Varian Hyperarc radiotherapy system can treat patients in a streamlined manner with automation between steps in the delivery of the radiotherapy tumour targets, minimising the overall treatment time for the patient. Radiotherapy is accurately delivered using real time CT scanning and surface guidance. Align RT is a surface guided patient radiotherapy system which utilises a complex light and camera system which tracks the patient position in real time and detects sub-millimetre deviations in position, which can be corrected immediately.

Stereotactic radiotherapy with a traditional linear accelerator uses multiple radiation beams or arcs focussed on the tumour target. SRS can also be delivered using a Gamma knife, where multiple cobalt sources focus radiotherapy in the target tumour. A trial comparing linear accelerator and Gamma knife did not show any difference in tumour control or adverse effect [3].

SRS is an ideal treatment option for patients with a limited number of small brain metastases, who have controlled extra-cranial disease and good performance status. There is also a role for patients with tumours in surgically inaccessible or eloquent areas and for patients not suitable for surgery for medical reasons or who decline surgery.

Aside from the treatment brain metastases, SRS or SRT can be used in the treatment of benign disease such as acoustic neuroma (schwannoma) and recurrent meningioma.

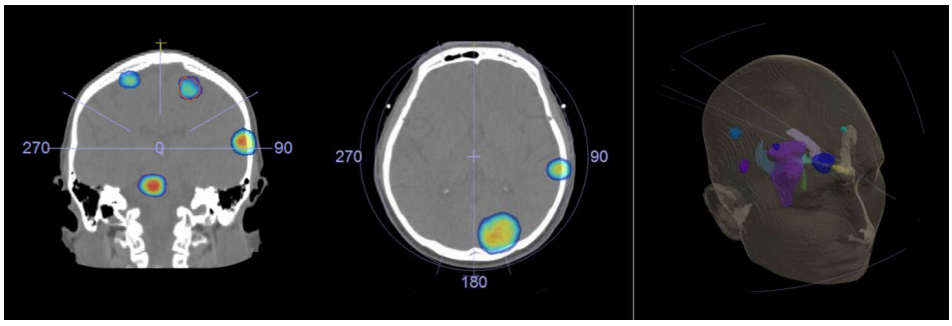
The stereotactic approach with precise localisation and treatment of the tumour, can also be used in other parts of the body outside the brain – Stereotactic Body Radiotherapy (SBRT) or Stereotactic Ablative Body Radiotherapy (SABR). SBRT is used to treat primary lung, prostate, kidney and liver cancers and metastases to the lung, liver bone, spine, lymph nodes and soft tissue.

Stereotactic radiosurgery using Varian Hyperarc and an Edge / Truebeam linear accelerators with AlignRT is available at GenesisCare on the Gold Coast at the Southport and Tugun centres. GenesisCare treats both public and privately referred patients.

Dr Selena Young

Radiation Oncologist

GenesisCare, Gold Coast



SRS plan: multiple brain metastases can be treated simultaneously with submillimetre accuracy, sparing healthy brain tissue.

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Kids and Coronavirus

by Dr Chris Ingall

Photo by James Gathany, Judy Schmidt, USCDCP Pixnio

As I write this in mid-October 2021 we are anticipating a ramping up of COVID-19 case numbers in paediatrics. I am on call today and as I look down my list of patients I see I have around 30 COVID-19 positive children in the community on the books, hopefully essentially well at home and receiving a daily phone call from the Hospital in the Home team here at Lismore Base Hospital.

We anticipate this number will rise into the hundreds over the next month or two and then hopefully fall. The vast majority of them will have symptoms of a cold or less and will have contracted the disease from their parents.

We do not know why children under twelve have such mild disease, and adolescents have only mild respiratory or gastrointestinal symptoms. Perhaps it is because it is a coronavirus, like the common cold, and children and adolescents are primed by this very frequently, like Jenner's milkmaids with their cowpox.

What is known is that children are underrepresented in terms of known COVID-19 cases, which probably means we're not testing them because they are well, even when they have the virus. As with adults, it is only the children with at least moderate comorbidities who seem to have any chance of becoming unwell or even to die. They do not pass it on very effectively either, so they behave as a vaccinated adult.

Where COVID-19 does matter in paediatrics is during pregnancies and after delivery. The incidence of premature birth, mainly due to spontaneous labour but also to induction of labour if a baby is exhibiting signs of distress in the womb, is 40% higher in mothers who are infected and unwell. As with the adult population the presence of comorbidities in the mother, such as obesity, hypertension and diabetes,will significantly increase the risk of premature birth. Cases of premature birth from 26 weeks on are being recorded, though with most in the 32 to 37 week range.

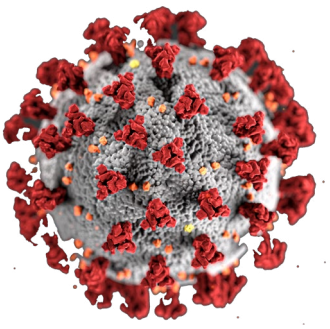
In pregnancy there is no vertical transmission of the virus, so babies are born without COVID-19, although they can easily pick it up from their parents the moment they are handled. Breastmilk does not contain COVID-19 and if parents use the usual precautions of wearing a mask and washing their hands there is a high likelihood the babies will not become infected, though even if they do they will almost certainly be asymptomatic.

So as I look through my list of COVID-19 children I think, 'will many come into hospital'? Probably not. Symptoms of gastroenteritis will be the likely culprit, rather than respiratory, as the inflammatory reaction seen in adults is exceedingly rare. Given children under twelve have particularly mild disease if they do contract the virus, it begs the question as to whether they need to be vaccinated. Whilst I cannot see it written anywhere, my suspicion is that the drive to vaccinate young children in countries such as America and India is mainly due to the fact they cannot gain traction in the adult community to achieve full vaccination.

It comes down to vaccination in the end. If the adults are vaccinated in sufficient numbers, children do not need to be vaccinated. It is a discussion for another day as to why people are choosing to not be vaccinated.

And spare a thought for the children as they enter a post COVID-19 world. The warping of our whole society has seen a stutter in the acquisition of skills and learning, house prices soaring and most importantly for them a social vacuum developing around meeting partners and laying down that social bedrock young people need to confidently and successfully enter the world.

There is talk about Australia and New Zealand having a social fabric which has withstood a formidable foe in COVID-19, enabling the pandemic to wash over us when we are nearly fully vaccinated. Whilst this is fundamentally true, and something I personally am extremely proud of, it is ultimately a gift from the young to the old, and this should never be forgotten. Our parents and grandparents can die with their families around them to comfort them, at a time and place when they are ready to go. Let's all return that generosity over the next few decades.



General practice at 'critical juncture' as pandemic rattles GPs

by Robin Osborne

RACGP president Dr Karen Price

Inadequate government funding has brought general practice in Australia to a 'critical juncture', according to the Royal Australian College of General Practitioners (RACGP), which has noted that only 15.2 percent of surveyed final-year medical students listed general practice as their first-preference speciality for the future, the lowest number since 2012.

The College has also highlighted how the COVID-19 pandemic has severely disrupted GP practice and will present ongoing challenges as the coronavirus lingers.

These are among the key findings in the RACGP's **Health of the Nation** report, an annual review drawing on the experiences of Fellows across Australia as well as information from the Australian Bureau of Statistics, Medicare, the AIHW and various government publications.

The report, released in late October, said feedback from the 1386 GPs showed they were bracing themselves to manage the bulk of coronavirus patients into 2022. It called for a major funding overhaul to cope with demand on primary care as more people catch milder cases of the virus and need treatment for 'long COVID'.

RACGP president Karen Price said, 'General practice is the backbone of the vaccine rollout and will be the backbone of COVID-19 care pathways, including the long-term care of those with long COVID. My message to all GPs, practice managers, nurses, receptionists and administrative workers involved in the rollout is well done and keep up the great work.

'Unfortunately, it has not been an easy experience for many practices. Our survey found that almost three out of five GPs reported managing patient expectations about vaccinations to be one of the most challenging issues arising from the pandemic.

'The repeated changes in the vaccine rollout left patients disgruntled and some took this out on practice staff.'

Introducing the report Dr Price wrote, 'Ask any GP and they will likely report more and more patients presenting with mental health concerns. This is part of a longer-term trend. For the fifth consecutive year, psychological conditions, including sleep disturbance and depression, were the most reported reasons for patient presentations.

'Over 70% of GPs selected 'psychological' in their top three reasons for patient presentations, a number that has risen steadily from 61% in 2017.'

The RACGP President called for changes to Medicare items, saying, 'GPs are the first port of call for many patients with mental health issues and four out of five surveyed GPs reported that they have patients with mental health conditions that are mostly managed within general practice.

'To help patients in need we need new Medicare items for longer mental health consultations so that we can really get to the bottom of what is going on.

'It's also important to keep in mind that GPs are the only medical practitioners that specialise in managing patients with multiple health conditions, including complex health issues. Almost three quarters of surveyed GPs reported that most of their patients have multiple medical conditions.

'Unfortunately, during the pandemic we have witnessed patients delaying or avoiding screenings and consultations with their GP and this is particularly problematic for people with complex health issues that need to be carefully managed. Yet Medicare discourages GPs from treating more than one condition in the same consultation and this must change.

'Now more than ever, it is essential that we remove this barrier and incentivise longer consultations to support comprehensive care by GPs.'

The 2021 Health of the Nation report identified key issues affecting GPs and their patients, including:

- treatment of multimorbidities in general practice
- the increasing mental health burden on general practice
- restrictions to GP involvement in aged care
- barriers to the use of video telehealth services
- the COVID-19 vaccine rollout

Regarding workforce issues, Dr Price said that while international medical graduates will bolster the workforce, 'We must address what is holding back future doctors from a career as a GP. A key part of that is putting general practice on a more sustainable, long-term financial footing.

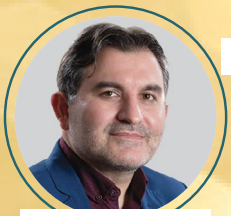
'If we are serious about boosting the general practice workforce at a time when it has never been needed more by communities across Australia, we must address long-term funding arrangements. The task of attracting more junior doctors to this career path would be made that much easier and the savings for the entire health system would be immense.

'If we shy away from this challenge, it will be detrimental to the entire health system and the health of the nation.'

Dr Gary Persley

Dr Michael Lee

Dr James Whan



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