medicSA

OCTOBER 2019

VOLUME 32 NUMBER 5

RURAL WORKFORCE
SPOTLIGHT IS OVERDUE

BULLYING MUST STOP
IN SA HEALTH WORKFORCES

CLIMATE CHANGE

GREATEST THREAT TO HUMAN HEALTH

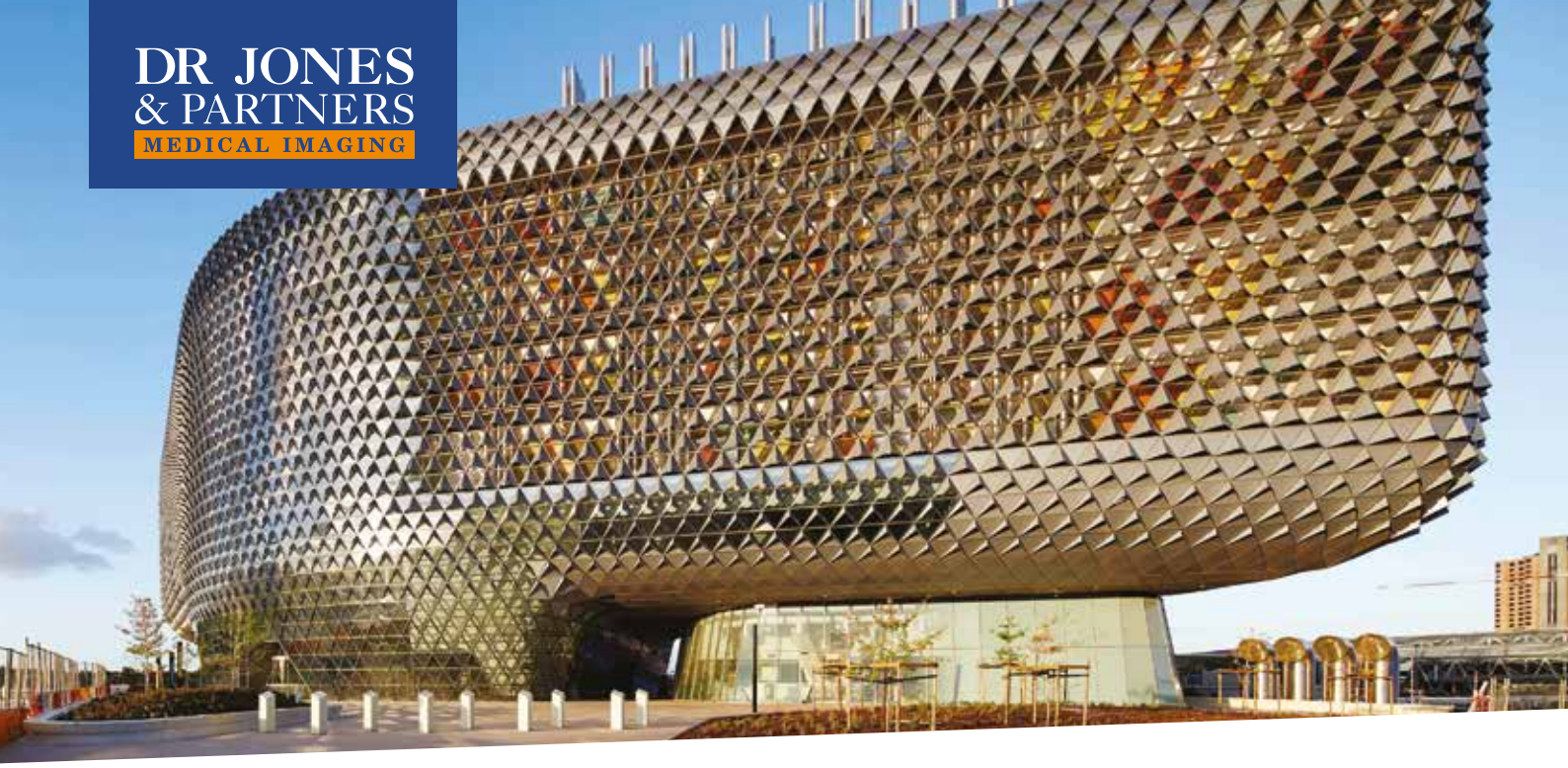
FINDING THE EDGES OF EMPATHY

AMA SOUTH AUSTRALIA

PLUS

MESH ASSESSMENT • SA ABORTION LAWS • WORKPLACE HEALTH AND WELLBING
BLOOD, SWEAT & FEARS 3 LAUNCH • BOOK REVIEW: FLIGHT OF HOPE • AUDI Q5

DR JONES & PARTNERS
MEDICAL IMAGING



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Johan is a physician-scientist combining patient care and cutting-edge cardiovascular research focused on imaging biomarkers from large datasets using machine learning strategies. He is a Cardiologist at the Royal Adelaide Hospital, senior lecturer at the University of Adelaide, Deputy Director of Medical Machine Learning at the Australian Institute for Machine Learning and platform leader AI at SAHMRI. Johan authored the Cardiology chapter for Springer Nature's first book on Artificial Intelligence in Medical Imaging. He received several young investigator awards and was awarded the Ahrens Researcher award by the Australian Heart Foundation in 2018.

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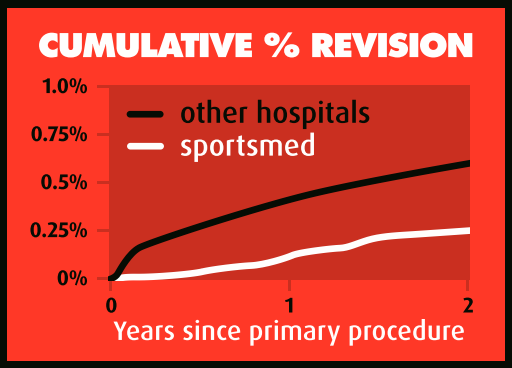

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Reference: Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR), Hospital Ad Hoc Report: Sportsmed, Procedures from 1 Sept 1999 – 28 Feb 2019, Ad hoc No.:2743. AOANJRR Database, March 2019, AOA, Adelaide: 1-40.

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The challenges facing rural doctors are finally receiving attention at all levels of government, and the AMA is again highlighting the need for better resources to support our rural workforce.


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CLIMATE CHANGE
GREATEST THREAT TO HUMAN HEALTH
Climate change is an existential threat to our society as it threatens the very foundation of what our bodies and minds require for health, such as clean air and water.


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FINDING THE EDGES OF EMPATHY
Practicing empathy can lead to a meaningful and more centred life. But empathy is not about changing others; it's an opportunity for *us* to change


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MOTORING
ROUND THE BEND WITH THE AUDI Q5
Our motoring reporters Robert Menz and Philip Harding are both former Audi owners. They recently put the 185 kW petrol version of the Q5 to the test.

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DR CHRIS MOY
PRESIDENT'S REPORT

POSITIVE OUTCOMES ARISE FROM AMA(SA) ADVOCACY

... We have been asked to comment on issues ranging from paracetamol overdosing to road safety ...

As I embark on my time as AMA(SA) president, it is somewhat extraordinary that parliaments and parliamentary inquiries around the country are considering the sensitive and, at times divisive, issues of abortion and voluntary assisted dying at the same time.

As chair of the AMA's Ethics and Medico-legal Committee, I have contributed to our position statements into both issues, and to the position statement on conscientious objection that supports our members' right to not participate in treatments at odds with their deeply held beliefs. To have such intense and prolonged scrutiny of two of the central ethical debates in health, relating to the beginning and end of life, in so many places at the same time, is unprecedented.

Debates regarding both these issues expose strong genuine views, but also, sometimes, highlight the tendency of some individuals to fail to see alternative arguments. In representing the AMA(SA), I see my role as one where I must stay above purely emotive arguments. I must calmly reflect AMA positions and the views of members in articulating the pros and cons of particular options, much as we do as doctors in explaining the risks and benefits of treatment options to our patients in a consulting room.

Sometimes, however, this may not be aligned with the popular public view. For example, it has been important for me, as a doctor, to focus our advocacy on the provision of adequate funding and support for palliative care and advance care planning, as the critical priorities that will improve end of life care for the majority – rather than dwell on the rights issue of voluntary assisted dying, which the AMA acknowledges is a separate decision owned by the community and government. I certainly have not accepted the proposition that has been put to me, that I should fix my support to one position or the other for the purpose of individual legacy.

It has been at times overwhelming to contribute to these inquiries and address subsequent media questions and commentary. However, I believe that it is my role to continue to involve myself in this public discourse and, in expressing calm and considered views – and even offering 'common sense' – to continue to reinforce the trust that the community has for doctors, and to elevate the importance and impact of our members' views, which I continue to welcome.

Positive outcomes arise from our advocacy. Our support for changes to the *Criminal Law Consolidation Act*, to introduce harsh penalties for people convicted of assaulting emergency personnel, including doctors, with bodily fluids, has been successful. We have been asked to comment on issues ranging from paracetamol overdosing to road safety. And we have now established regular sessions on ABC Radio to discuss our approaches to these and other health concerns and to promote AMA members as approachable people who are deeply embedded in our communities.

A recent survey demonstrated once again that doctors are the most trusted professionals for most Australians. It is my hope to represent you well and to keep us at the top of that list.

EDITOR'S LETTER

DR PHILIP HARDING

MedicSA likes to focus on good news about healthcare developments in South Australia and elsewhere, but sometimes there are stories to tell about "Bad Medicine". Saturday's *Advertiser* of 14 September drew exactly that headline on its front page. It referred to AMA(SA) President Dr Chris Moy's no-holds-barred submission to a parliamentary inquiry on the subject of workplace bullying in SA Health institutions, with a particular focus on the RAH where it appears that the revolving door of senior positions which developed with the move to the new hospital has not slowed and is contributing to a deterioration in standards of leadership and management.

In our last issue, this column drew attention to historical and recent examples of poor medical management requiring an individual to 'blow the whistle' so as to achieve change – the particular recent example being the book by Dr Richard Davis on blood transfusion practices reviewed in that issue. This has drawn considerable comment and Dr Davis has provided further information on what is being uncovered by the UK enquiry noted in his book, and which we will feature in a future issue of *medicSA*.

A further and vivid example of what turned out to be quite bad medicine for one individual is given on page 29 of this issue in our review of the book *Flight of Hope* by Adelaide rheumatologist Dr Mark Awerbuch, who was denied bone marrow transplantation for treatment of his acute leukaemia by the Australian health system. He would not be alive to tell the story had he not taken matters into his own hands. Make sure you read at least the review, and preferably the book, which raises many controversial issues about the ethics of healthcare distribution.

It does seem that some of us need to lift our game.

AMA(SA) SUPPORTS COLLEGES IN MESH ASSESSMENT

The South Australian Parliament's Social Development Committee has been inquiring into the use of medical mesh in surgical procedures.

The South Australian inquiry followed months of heated discussion by politicians, lawyers and media commentators, as well as by medical practitioners, in recent months. Australia's Therapeutic Goods Administration (TGA) reclassified surgical mesh medical devices from 'medium' to 'high risk' in November 2018.

The inquiry sought to understand the number of South Australians adversely affected by the implantation of medical mesh, the potential benefits of a register of medical mesh recipients, the role of medical practitioners in reporting adverse outcomes and their credentials for conducting implantation, and the need for psychological support for patients and family members.

The Committee also asked about the "usefulness" of existing patient information about the procedure.

Following a call to members for feedback and subsequent consideration by AMA(SA) Council, the AMA(SA) chose the approach of supporting the submissions of colleagues in relevant colleges – including the Royal Australasian College of Surgeons and the Royal Australian and New Zealand College of Gynaecologists – who had the greatest knowledge and experience about this issue with its complex technical aspects.

NON-PBS MEDICATIONS DRIVING OUT-OF-POCKETS

Non-PBS medications are driving patient out-of-pocket health costs, with a new report showing Australians spent $30.6 billion on out-of-pocket health-related expenses in 2017-18.

The Australian Institute of Health and Welfare (AIHW) report *Health expenditure in Australia 2017-18*, showed that individuals spent $9.4 billion on medications that were not subsidised through the PBS: $6 billion on dental services, and $4 billion on referred and unreferred medical services.

Federal AMA President Dr Tony Bartone said it was clear that the greatest contributor to patient out-of-pocket costs continues to be non-PBS medications, which include vitamins and minerals and complementary therapies that are purchased over the counter at pharmacies.

"Medical costs make up only 13.1 per cent of out-of-pocket expenditure for individuals," Dr Bartone said.

"The AIHW report shows clearly that there is little change overall in national health spending.

"Medical services are not the highest or even second highest area of expenditure for an individual.

"The greatest contributor to patient out-of-pocket costs is over the counter medications, vitamins, and health-related products, many of which have no proven efficacy."

"BULLYING MUST STOP" SAYS PRESIDENT

AMA(SA) President Dr Chris Moy has demanded that "bullying must stop" in SA health workforces.

Dr Moy told a Parliamentary Committee investigating fatigue and bullying in South Australia workplaces that causes of bullying included a lack of positive leadership and the under-resourcing of workplaces where people – especially junior doctors – were forced to work unreasonable hours.

His testimony soon became news, with *The Advertiser* devoting sought-after column centimetres to a front-page article by journalist Brad Crouch, an editorial, and the editorial cartoon.

"Bad medicine", the front-page headline read. "Bullying rife in toxic SA Health culture, say doctors."

As reported in *The Advertiser* article, Dr Moy told the committee that the AMA(SA) would stage a "bullying summit" to investigate the causes and widespread impacts of bullying, and to recommend changes across the health system.

"The AMA(SA) will be holding a Culture and Bullying Summit, with the support of the Minister and involving other key stakeholders," Dr Moy said.

He said the AMA(SA) would also work with the University of Adelaide Medical School and the Adelaide Medical Students Society to explore strategies to reduce the bullying of medical students.

"Bullying occurs because the culture and the workload aren't right. Fix these and most of the bad behaviour goes away," Dr Moy said.

Dr Moy was direct and pulled no punches in presenting the scope and scale of bullying in the South Australian health system.

"I would like to start by relating a stark example conveyed to me by a colleague of what bullying looks like on a day-to-day basis in South Australian hospitals," he said.

"Dr A of one ward rings Dr B on another ward requesting him to assess a patient for possible admission to Doctor B's ward – to which Dr B says, 'f*** off' and puts the phone down."

From this example, he told the committee, "you can extrapolate all the terrible consequences of bullying": effects on the psyche and mental health of those bullied, on workplace culture, and, most importantly, on the care and safety of patients.

"Finally, sadly (bullying) renders we, as doctors, as hypocritical as supposed healers of the bodies and minds of patients when we are the ones doing harm," Dr Moy said.

Ultimately, he said, "the major blame must rest with the workplace and the employer".

He singled out the management of the Royal Adelaide Hospital, "which had the lost years of unstable leadership with CEOs changing every year while the NRAH was being built, which led to a particularly toxic culture being allowed to develop.

"We must have this 'line in the sand moment', where the profession takes ownership and says sorry, and where we say, for the sake of our patients and our colleagues: bullying is a cancer in our health system that has to be treated and we must all say, 'no more'. Bullying is not acceptable, and it has to stop."

The AMA(SA) is now beginning the process of working with stakeholders in planning for the proposed Culture and Bullying Summit.

The statement to the Parliamentary Committee is available at https://ama.com.au/sa

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MEASURED PROCESS EXAMINES SA ABORTION LAWS

The AMA(SA) has provided a submission to the SA Law Reform Institute on behalf of the Attorney-General emphasising that abortion should be a regulated medical procedure rather than a criminal law issue.

In NSW, the parliamentary debates about abortion and the state's proposed abortion law reform have made headlines almost every day for a month.

However, the South Australian Government has decided to pursue reform in a different manner. In NSW, Premier Gladys Berejiklian and her government introduced legislation with little warning to her party, the parliament or her constituents. In South Australia, on the other hand, Attorney-General Vickie Chapman asked the South Australian Law Reform Institute (SALRI) to explore the prospect of decriminalising abortion, and how changes to existing legislation might improve conditions for individuals seeking abortion and the practitioners involved in caring for them.

It was to the SALRI that the AMA(SA) provided a detailed submission in June. The submission was drafted after an invitation was sent to all members to provide their thoughts on a range of questions SALRI had posed on an online forum, and then extensive discussion about the resulting draft submission at AMA(SA) Council.

As always, the submission was based largely on, and referred extensively to, the relevant AMA Position Statements:

- *AMA Position Statement on Ethical Issues in Reproductive Medicine 2013*
- *AMA Position Statement on Reproductive Health and Reproductive Technology 1998 (Revised 2005)*
- *AMA Position Statement on Conscientious Objection 2019.*

In the final submission, the AMA(SA) emphasised that abortion should be a regulated medical procedure rather than a criminal law issue. It should be performed only by qualified medical practitioners, or suitably trained nurses working under the direct supervision of qualified medical practitioners.

There were two issues that prompted the most discussion at the meeting: gestational limits and doctors' rights to object.

Following the discussion, the AMA(SA) recommended in its submission the removal of gestational limits in relation to when an abortion may be performed. "This supports the view that in almost all cases, late-term abortions are sought in response to medical conditions affecting, or with the potential to affect, the pregnant individual and/or the foetus," Dr Moy wrote. "A pregnant individual should be able to decide their own best course of action, regardless of gestation.

"They should be able to make this decision while avoiding the emotional and psychological trauma that may be caused when decisions are made under the pressure of arbitrary (non-clinical) limits."

The submission recommended that – similar to the case in Victoria – one qualified medical practitioner should be required for consultation and consent up to 24 weeks' gestation; at or after 24 weeks' gestation, consultation with a second medical practitioner should be necessary.

The submission also noted the great diversity of genuinely held views among AMA members about abortion, all of which are respected. Referring to the Position Statement, the submission recommended that any legislative reform should allow medical practitioners to refuse to provide or participate in medical or surgical termination based on a conscientious objection – but not to intentionally impede access.

"The AMA(SA) believes that there should be adequate funding of pregnancy advisory and termination services that are comprehensive, free and accessible (particularly to individuals living in rural and remote areas), and which are easily contactable through well-known entry points in the community to which an individual can self-refer," Dr Moy wrote.

"Clinical, counselling and information services should be adequately funded and made available in all regions of the state to ensure that individuals are able to access the information they need to make informed decisions and to procure from qualified medical practitioners the services they need to act on their decisions safely and without criminal penalty or social recrimination."

SALRI has reported that it received more than 3,000 submissions and responses. It is expected to provide a report to the Attorney-General by the end of October 2019.

To read the AMA(SA) submission go to https://ama.com.au/sa/policy

CORRECTION

In the August issue of *medicSA*, on page 29 Flinders University Student News, we ran the incorrect heading. Apologies to those concerned.

OVERDUE SPOTLIGHT ON RURAL WORKFORCE

The AMA is again highlighting the urgent need for better resources to support our rural workforce in regional areas.

The challenges facing rural doctors are finally receiving attention at all levels of government and health administration, in South Australia and around the country.

From Federal AMA President Dr Tony Bartone's references in his National Press Club speech in July to passionate presentations at National Conference in May to media reports of the impacts of inadequate resourcing of regional hospitals, the challenges facing rural doctors and their patients have been highlighted time and again.

As Dr Bartone told assembled journalists and the Press Club's television and online audience, issues such as delayed access to care and elective surgery are often greater for patients in rural Australia.

AMA(SA) President Dr Chris Moy says rural doctors who attempt to solve – or at least manage – the health problems of their patients are confronted with insurmountable issues of their own: overwork, inadequate resources, poor leadership, and limited understanding by politicians, health administrators and even some of their metropolitan colleagues of the difficulties they face.

He says South Australia urgently needs a system, medical and other personnel, and adequate resources to care for healthy individuals and build healthy communities in regional areas.

"At the foundation, there must be a workforce resourced and managed so that doctors can feel supported to provide safe, effective and efficient care for their patients while ensuring their own professional development, health and safety," Dr Moy says.

The release in August of SA Health's draft Rural Medical Workforce Plan gave the AMA(SA) and like-minded entities such as the Rural Doctors' Association the opportunity to provide feedback on a range of SA Health objectives and initiatives designed to improve outcomes for patients and doctors.

Dr Moy sought opinions from AMA(SA) rural members before providing a response. He says the feedback demonstrated the range of personal and professional challenges doctors face, particularly in rural general practice. For example, he says, young doctors and trainees who seek rural general practice placements and roles because they know the importance of these positions may be forced to provide treatments they may not feel ready to provide, because there is no one else to perform them; in doing so, they risk patients' safety and their own professional development and mental health.

"Our submission will express the urgency of a new workforce plan – one that reflects doctors' identified needs, includes clear and measurable policies, actions and targets, and is adequately funded and resourced," Dr Moy says.

"The ultimate aim of the new plan must be to ensure access to safe, high-quality health care for our rural patients and communities, now and in the future. For this to occur, the plan must have as its goal a point where doctors, in seeing the implementation of improved levels of support and better working conditions, feel not only safe and supported but also encouraged to venture from metropolitan areas to serve in rural and remote communities of South Australia."

The AMA(SA) was finalising its submission at deadline. More information will be available in the December issue of medicSA.

DR PATRICK QUINN
COUNCILLOR

AMA(SA) COUNCIL MEETING

August 2019

The August council meeting was held at the new Clinpath Pathology Laboratory in Mile End. Councillors were given the opportunity to tour the new laboratory and were impressed by the facilities. The automated biochemistry and immunology stations, with their clattering train of specimens, were of particular interest to many.

Council convened in one of the facility's meeting rooms for an abridged meeting. The meeting opened by welcoming Dr John Nelson, Chair of the AMA(SA) Executive Board and Ms Karen Phillips, AMA (SA) Senior Policy, Media and Communications Advisor, who were attending as observers.

The issue of Rights of Private Practice arrangements for staff specialists in public hospitals was briefly discussed. Council will continue to monitor this issue closely, while leaving the industrial relations aspect to the South Australian Salaried Medical Officers Association.

Council is undertaking a review of the AMA(SA) constitution and governance arrangements and intends to establish a subcommittee to advance these issues. A number of other working groups are currently being formed to assist Council in important areas. Preliminary reports of early work was received from Dr McConnell (Membership Working Group) and Dr Bastiampillai (Advocacy Working Group).

Council noted the recent resignation of Dr David Fenwick from the Chair of the AMA(SA) Historical Committee and acknowledged and thanked Dr Fenwick for his work. Much of the meeting was then taken in discussion of a submission being drafted to the End of Life Choices Parliamentary Committee.

It was accepted that there is likely to be a diverse range of strongly held views amongst the membership on the matter of voluntary assisted dying. Council felt it was important that doctors continue to advocate sensibly for legislative solutions regarding end of life care which reflect community expectations while also acknowledging and respecting the varying views held. Central to this is a focus on advocacy for advance care planning and good palliative care for persons nearing the end of their life and in this regard the Federal AMA's *Position Statement on Euthanasia and Physician Assisted Suicide 2016* was discussed as this emphasises these points.

Finally, Council acknowledged Dr John Woodall for his tenure as Acting CEO and presented him with a plaque thanking him for his work.

DR MATTHEW McCONNELL
COUNCILLOR

AMA(SA) COUNCIL MEETING
September 2019

The agenda for the September AMA(SA) Council meeting included a broad range of current medical topics, submissions to government, responses to parliamentary committees, and meetings with key health stakeholders demonstrating the breadth of work undertaken by the dedicated team of people at the AMA(SA).

Among the engaging discussion of the provision of clinical services, safety and quality in healthcare, access to services, research, and appropriate education and training for medical practitioners, two additional themes stood out – health advocacy and membership engagement.

The AMA is widely known for health advocacy at state and national levels – whether advocating for patients, the profession or for safe and quality clinical services. The AMA provides a unique perspective on many of the contemporary issues and challenges facing the general public. Advocacy is one of the central pillars of the AMA(SA) and many people work tirelessly towards adding value to the health system that we work in, contribute to and at times receive health care from. The AMA(SA) Council is keen to strengthen the advocacy function undertaken at AMA(SA) and invites members to assist with identifying key topics for consideration and action.

Health advocacy is closely related to the second theme – that of membership engagement. AMA(SA) Council is interested to learn from members about the value of membership. What do you look for in membership? What is of value to you about being a member of AMA(SA)? Are there opportunities and/or areas of interest for members that are not yet realised? What are the best methods for engagement and communication? What are the best ways to engage with potential members and new members?

The AMA has a broad membership base that includes students, doctors-in-training, and specialists from all specialty areas. The strength is in our membership, and yet the function of the AMA(SA) is interdependent to membership. It is an area that must remain innovative and contemporary. A membership working group is being established to explore these issues in more detail and your suggestions are most welcome. Please contact a member of AMA(SA) Council or Member Services Manager, Rebecca Hayward, on 8361 0108 or rebecca@amasa.org.au, to discuss further.

The AMA(SA) Council discussed the recent Parliamentary enquiry into workplace fatigue and bullying in SA hospitals and health services and considered a summit to explore and unpack the relevant issues.

CLIMATE CHANGE IS AN EMERGENCY

The AMA has joined other health organisations around the world – including the American Medical Association, the British Medical Association, and Doctors for the Environment Australia – in recognising climate change as a health emergency.

At its August meeting in Canberra, the AMA Federal Council declared that climate change is real and will have the earliest and most severe health consequences on vulnerable populations around the world, including in Australia and the Pacific region.

The Federal Council Motion reads:

The Federal Council recognises climate change as a health emergency, with clear scientific evidence indicating severe impacts for our patients and communities now and into the future. The AMA commits to working with government agencies and other organisations to prioritise actions in line with the AMA's 2015 Position Statement on Climate Change and Human Health.

Federal AMA president, Dr Tony Bartone, said that the evidence is in on climate change – and it is irrefutable.

"The AMA accepts the scientific evidence on climate change and its impact on human health and human wellbeing," Dr Bartone said.

"The scientific reality is that climate change affects health and wellbeing by increasing the situations in which infectious diseases can be transmitted, and through more extreme weather events, particularly heatwaves.

"Climate change will cause higher mortality and morbidity from heat stress.

"Climate change will cause injury and mortality from increasingly severe weather events.

"Climate change will cause increases in the transmission of vector-borne diseases.

"Climate change will cause food insecurity resulting from declines in agricultural outputs.

"Climate change will cause a higher incidence of mental ill-health.

"These effects are already being observed internationally and in Australia. There is no doubt that climate change is a health emergency.

"The AMA is proud to join the international and local chorus of voices urging action to address climate change on health grounds," Dr Bartone said.

The AMA is calling on the Australian Government to:

- adopt mitigation targets within an Australian carbon budget
- promote the health benefits of addressing climate change
- develop a National Strategy for Health and Climate Change
- promote an active transition from fossil fuels to renewable energy
- establish a National Sustainable Development Unit to reduce carbon emissions in the healthcare sector.

AUSTRALIA-SPECIFIC EFFECTS

- Significant linear associations between exposure to higher temperatures and greater mortality in Sydney, Melbourne, and Brisbane.
- Estimated annual productivity losses from heat stress of $616 per employed person in Australia.
- 2177 deaths from extreme weather events in Australia between 1900 and 2017.
- An observed 13.7% increase in the ability of Aedes aegypti (dengue-carrying mosquito) to transmit disease to humans in Australia from 1950-2016.

In April 2019, a group of Australian health and medical associations, including Doctors for the Environment, the Climate and Health Alliance, the Royal Australian College of Physicians, and the Australian Medical Students' Association wrote an open letter to all political parties emphasising the "significant and profound impacts climate change has on the health of people and our health system."

In June 2019, a group of 70 American health organisations, including the American Medical Association and the American College of Physicians, recognised climate change as a health emergency, releasing a call to action on climate, health, and equity.

In July 2019, the British Medical Association declared a climate emergency and committed to campaign for carbon neutrality by 2030.

The AMA Position Statement on Climate Change and Human Health is at https://ama.com.au/position-statement/ama-position-statement-climate-change-and-human-health-2004-revised-2015

BACKGROUND

- The significant health impacts of climate change have been evident for some time. The AMA has held a position on climate change and health since 2004.
- In 2015, the World Health Organisation rated climate change as "the greatest threat to global health in the 21st century"[1]
- The Lancet Countdown on health and climate change's 2018 report[2] and the Australia-specific report[3] and the Intergovernmental Panel on Climate Change's 5 degrees report[4] all outline the serious health effects of climate change, internationally and in Australia.

References

[1] who.int/globalchange/global-campaign/cop21/en/

[2] thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)32594-7.pdf

[3] mja.com.au/journal/2018/209/11/mja-lancet-countdown-health-and-climate-change-australian-policy-inaction

[4] ipcc.ch/sr15/

CLIMATE CHANGE: GREATEST THREAT TO HUMAN HEALTH THIS CENTURY

Climate is an existential threat to our society. It threatens the very foundation of what our bodies and minds require for health, such as clean air, water, a stable climate and access to shelter and healthcare.

BY DR INGO WEBER

DR INGO WEBER is a full-time anaesthetist working in a public hospital and a member of Doctors for the Enviornment Australia. He was the lead organiser of the national campaign, No Time for Games.

Climate change has been declared a health emergency by major national and international health organisations, including the World Health Organization, the American Medical Association, the British Medical Association and now the AMA (see page 12).

But it's our children who are the most vulnerable to climate change impacts today and throughout their lifetime. Their bodies respond differently, their behaviour exposes them to risks, they depend on others, and they can have a lifetime of exposure to potential harms.

Climate change is already responsible for an estimated 250,000 to 400,000 deaths per year – of which almost 90% are children. Children also face growing threats from communicable diseases (diarrhoea, vector-borne diseases) and non-communicable diseases (asthma, malnutrition), injuries, and mental health impacts.

In the US, a longitudinal study of children who were affected by a natural disaster (fire, tornado, flood, hurricane, earthquake) before age five showed increased risk of mental health disorders in adulthood, particularly anxiety disorders. Extreme temperatures have also been demonstrated to decrease learning productivity and lead to poorer exam scores at school.

NO TIME FOR GAMES

When Doctors for the Environment Australia (DEA) first published *No Time for Games: Children's Health and Climate Change* in the lead up to the Paris 2015 Climate Change Conference (COP 21), it was an urgent appeal to protect the health of our children.

Late last year, DEA launched its national children's health campaign also called 'No Time for Games' in front of Parliament House in Canberra.

This unique and ambitious health campaign not only raised awareness of the health impacts of climate change on children, but also provided a united platform for health professionals. Now, nearly a year later, over 2000 health professionals have joined, along with their respective health associations and Australian medical colleges, to urge action on our rapidly changing climate.

In September, I led a contingent of doctors to Canberra to deliver a statement to this effect to the Australian Health Minister Greg Hunt (who was unavailable to meet with us) outside Parliament House, inviting speakers from all sides of politics to attend.

Inside Parliament, Zali Steggall OAM MP moved a motion, seconded by Helen Haines MP, recognising that human-induced climate change is one of the biggest and most urgent health threats to children, and urging the government to decarbonise by 2050 to reduce the intensity and occurrence of rising global heating and extreme weather events.

AN OMEN

The evidence for these events is all too clear – overseas and in Australia.

Arctic and Antarctic ice shelves are melting. Indeed, they are melting up to five times faster than anticipated. Greenland experienced such a dramatic meltdown within a few days this northern summer that an area the size of Germany would have been 7cm under water. If all of the Greenland ice melts, there may well be a rise in sea-level of up to 7m. Meanwhile the Arctic was burning when temperatures were 15°C above average, and the fires were releasing smog covering Europe.

In Australia, just recently there were unprecedented floods in Queensland with images of dead cattle strewn all over the farmlands, while forests (which had been fire-free for over 1000 years) were burning in Tasmania. Queensland is also experiencing a catastrophic bushfire season with fires in rainforests that do not normally burn, and in NSW extreme droughts are turning farmlands into dustbowls

These devastating events are an omen for what is to come.

With global emissions increasing year after year, Australia has been identified as the most vulnerable country to climate change within the OECD.

Australia will experience more extremely hot days and more frequent severe heatwaves, lasting longer and spanning a longer season. These heatwaves can kill animals, insects, plants, trees, and humans. According to farmers experiencing drought, it can also kill one's spirit. Australia will also see more storms, more floods, more droughts and more fires.

Given these scenarios, why is Australia not doing all in its power to reduce emissions in order to be able to urge other nations to do likewise?

We will only be able to reduce emissions in other countries if we have the international credibility by leading on this and not opening up more coal-fired power stations and coal mines. Failure to do so defies logic and exposes our policymakers as treating their constituents with contempt.

Meanwhile, there is much talk about adapting to our 'hanging climate' but with little realisation that once our Arctic and Antarctic ice shelves, and glaciers around the world, are in melt-down (they are already melting), they can't be stopped, leading to sea-level rise of unmanageable magnitude. Together with droughts, heatwaves and bush fires, adaptation will become impossible for most of society.

MORAL IMPERATIVE

The moral imperative to act decisively is clear. It is therefore little wonder that the voices of anger, fear and frustration are coming from the children themselves.

Greta Thunberg managed to capture and channel young people's mood of anger and fear, triggering a global school strike movement which is growing larger every year

Australia is particularly in the sight of our school strikers for climate, where the dissonance between political inaction – even as our planet warms, Australia continues to increase our fossil fuel exports and greenhouse gas emissions – and worsening environmental disasters is extreme.

Children not only suffer physical and psychological harms from climate change but also 'climate injustice'. They have least contributed to climate change but will pay the biggest price with their health as future climate change events worsen.

... Arctic and Antarctic ice shelves are melting. Indeed, they are melting up to five times faster than anticipated ...

Health professionals have a duty to speak out when the health and future of our society and that of children is threatened, particularly when there is political failure to put a clear and bipartisan national strategy in place to implement the solutions available to us.

A climate health emergency such as that called by the AMA is not based on political agenda or political ideology. It is based on facts and health evidence. Similar to a medical emergency alarm in a hospital, or a fire alarm, it signals that clear and decisive action is required immediately to prevent the worst health outcomes. There needs to be no more debate. Action is what matters now.

Children understand this, and they have right to fight for their future health; doctors and health professionals have a duty to protect it.

Health professionals are now part of the growing voice in support of children around the world demanding action on climate change today. Increasing numbers of health voices are now crossing the usual boundaries of professional formality and many health professionals are prepared to walk beyond the walls of their normal practice to form part of the visible and vocal support for our climate strike movement.

This is why doctors and other health professionals proudly joined the anticipated thousands of school students in Australia and across the world who missed classes to call for urgent action on climate change.

Our message? There is No Time for Games; It's Time to Act.

This article was first published at croakey.org on 20 September 2019.

MORE EDUCATION NEEDED ABOUT END OF LIFE CHOICES

Any genuine consideration about end of life support must focus on advance care planning and the adequate resourcing of palliative care services, according to the AMA(SA) in a new submission.

The AMA(SA) submission to the South Australian Parliament's Joint Committee on End of Life Choices reflects members' opinions and the relevant national Position Statements.

AMA(SA) President Dr Chris Moy sought members' opinions and feedback on the Joint Committee's terms of references before drafting a submission on behalf of the AMA in South Australia.

The submission was the basis of a presentation to the Joint Committee on 18 September. Dr Moy told the Committee that the AMA(SA) believes that it is the wish of the South Australian community for individuals to be able to die in comfort and dignity at the end of their lives, and in a manner that aligns with their values and wishes.

He also reinforced that doctors will not abandon their patients, "whatever the legal landscape".

"Patients who are dying and suffering can be assured that doctors will stand alongside them to care for them until the end," Dr Moy said.

He said South Australia has the most complete framework of legislation supporting end-of-life care for patients, with the *Advance Care Directives Act 2013* accompanying amendments to the *Consent to Medical Treatment and Palliative Care Act 1995* in promoting individual self-determination, and in protecting doctors providing good end of life care.

Current failures in supporting most patients are caused by failures in promoting advance care planning and ACDs to the community, and in the education and training of clinicians and health practitioners; and inadequate provision and resourcing of palliative care for dying patients, he said.

"Any genuine consideration by your Joint Committee about how to provide the greatest benefit for the greatest number of individuals at end of life must focus on the need for markedly improved support for the uptake of advance care planning and ACDs, and the adequate resourcing of palliative care services," Dr Moy said.

Dr Moy said he sympathised with the Committee members who, he said, who are navigating through a "highly charged ethical debate where individuals have genuine, strong often polarised views – all of which must be respected".

"From our perspective, the problem is that terrible deficiencies exist due to inadequate resourcing and poor coordination of palliative and end of life care – particularly in the community, where responsibility for care is fragmented across several silos of health including general practice, specialist palliative care, private health services and numerous aged care services and NGOs," Dr Moy told the Committee.

"I contend that you will have failed for the majority of South Australians at the end of their lives if you are unable to enshrine adequate and equitable funding for palliative care, whether or not VAD is legislated for."

The experts recommended for health experts by the AMA(SA) & ADASA.

Hood Sweeney is a preferred provider of Accounting services and Financial Planning services to members of the Australian Medical Association of South Australia, an exclusive provider of accounting services to members of the Australian Dental Association of South Australia, and a long-standing sponsor of both organisations.

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AMA(SA) COUNCIL MEETINGS

Meetings of the AMA(SA) Council are open to all members. AMA(SA) Council meetings are held eight times a year (there are no meetings in January, April, July and October).
The next meeting will be held on Thursday, 7 November at 7 pm. Any member wishing to attend should contact Claudia Baccanello on claudia@amasa.org.au or 8361 0109.

HELPFUL HINTS – LOGGING INTO THE MEMBER PORTAL

Having trouble logging on to update your details or renew your tax-deductible membership for 2020? Here's a simple tip to help:
Head to: members.amasa.org.au
Username: your email address
Password: whatever you have set this as.

CELEBRATING SERVICE

The annual Past Presidents, Retired Members and Life Members Luncheon provides a platform from which the doctors of today and tomorrow can celebrate the achievements and service of those who came before. South Australian doctors have long been among the most significant contributors to modern medicine. Continue the tradition of celebrating our AMA(SA) Past Presidents, Retired and Life Members at the 2019 luncheon, to be held at the Leigh Whicker Room at Adelaide Oval, at 12 noon on 13 November.

CARD-CARRYING BONUSES

Don't forget your AMA(SA) membership card doubles as an Ambassador Card.
Use it to maximise savings at supermarkets, travel centres, beauty and retail outlets, and even leisure activities or membership with fitness centres such as Goodlife Health Clubs. To explore savings and benefits that accompany your card, go to www.ambassadorcard.com.au.

SUPPORTING PROFESSIONAL DEVELOPMENT

Created by the Australian Medical Association, doctorportal Learning works with the best subject-matter experts to help doctors access and complete their development obligations.
The educational content goes beyond clinical topics to include aspects such as difficult conversations, ethics and professionalism, and leadership.
For more information go to www.dplearning.com.au
The AMA also has a range of practice support tools for members, such as the GP Practice Support Toolkit. For more information about resources about a range of specialty and professional development topics, visit www.ama.com.au.
If you're a doctor in training, you may want to ensure you've covered all the bases when applying for positions. The career resources at ama.com.au/careers/career-coaching are designed to help you understand what you're applying for, and how to stand out from the crowd.

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Phone 1300 764 200 or email amasa@hoodsweeney.com.au with your query or to contact one of their medical-profession specialists.
Hood Sweeney also holds regular seminars at AMA House, so don't forget to look on our events page. Two seminars are scheduled for the next few weeks:

- 30 October 2019: Life begins at retirement
- 27 November 2019: Taking the first step – a guide to setting up your private practice.

For details, visit www.ama.com.au/sa/sa-events-seminars

GET SOCIAL WITH US!

@amasamembers
AMA(SA) Doctors Group & AMA(SA) Doctors in Training Committee
Please add #amasamember to your pictures so we can see them and share!

CALLING DR WOODALL!

Dr John Woodall received a commemorative memento of his service as Acting Chief Executive Officer of the Australian Medical Association in South Australia at the August Council meeting.

Council chair Dr David Walsh presented John with a token of the appreciation of the Board and Council, recognising his invaluable contribution in stepping into the role earlier this year.

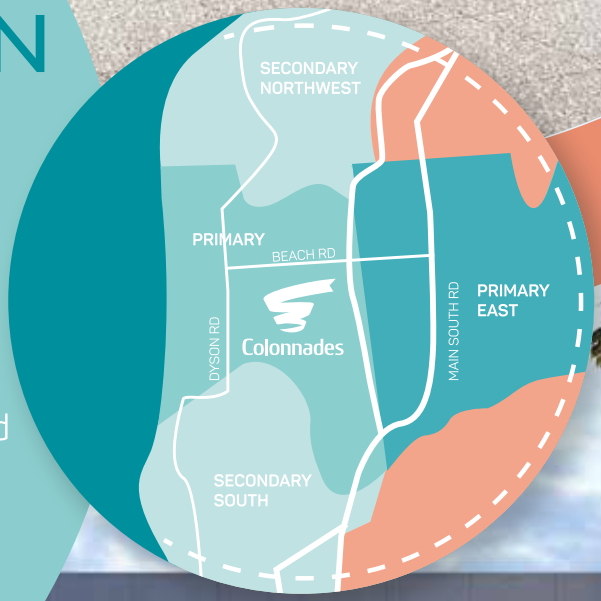
President Dr Chris Moy echoed the Council's sentiments when he thanked John during a staff presentation at AMA House.

COUNCIL CHAIR DR DAVID WALSH thanking Dr John Woodall for his contribution as Acting CEO.

BE PART OF COLONNADES' TRANSFORMATION

Place your business in the heart of the Fleurieu Peninsula's largest shopping and lifestyle destination.

An exciting opportunity exists for GPs, specialist and allied health professionals to establish a brand new medical precinct in the newly refurbished mall of Colonnades Shopping Centre. With a huge 640sqm footprint, facing more than 1,000 car parking spaces, you could be joining Chemist Warehouse, Coles supermarket, Cheap As Chips, Australia Post and more than 160 specialty stores.



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LAUNCH OF BLOOD SWEAT AND FEARS 3

On Friday 30 August, the final volume of the *Blood Sweat and Fears* trilogy honouring the contribution of SA medical personnel in past military conflicts was launched at Keswick Barracks by Sir Peter Cosgrove, in the presence of His Excellency the Governor of South Australia Hieu Van Le and a large crowd of former serving medical officers from all branches of the Armed Forces, their families and friends.

Previous issues of *medicSA* have noted the publication of volumes 1 and 2 of this trilogy which spans conflicts from World War I through to Vietnam. Volume 3 covers World War II specifically.

Prominent in the front row of the gathering and looking nothing like his 97 years was retired gynaecologist and AMA (SA) Life Member of 73 years' duration, Dr John Skipper, one of only two WW2 veterans featured in the book and still surviving, the other being past AMA(SA) president Dr Mark Sheppard.

(L-R): Sir Peter Cosgrove, His Excellency the Governor Hieu Van Le, Tony Swain, Annette Summers, Chris Verco.

Authors Tony Swain, Annette Summers and Chris Verco are to be congratulated on the production of this outstanding contribution to South Australia medical history. Sadly absent was the fourth author Dr Michael Jelly, who died recently. A review of *Blood Sweat and Fears 3* will appear in the December edition of *medicSA*.

SCHOOL'S BACK

Several graduating classes of the MBBS degree at the University of Adelaide gathered for a reunion at the National Wine Centre recently.

Dr Liz Clisby and Dr George Condous, both of the class of 1991, were MCs for the dinner, which brought together more than 100 Adelaide graduates of the 1990, 1991, 1992, 1993 and 1994 classes.

The next reunions are as follows:

- MBBS class of 1985-86, Friday 18 October, The Gallery Waymouth room
- MBBS class of 1995-1999, Saturday 2 November, National Wine Centre – Vines Room

For more information, go to: adelaide.edu.au/alumni/reunions/upcoming-class-reunions.

Guests at the recent reunion included (L-R) Dr Monika Moy, Dr Katie Gibb and Dr Denise Roach of the 1991 class, with former Executive Dean of the university's Faculty of Health Sciences Professor Derek Frewin.

HEALTHY WORKPLACES HAPPY WORKERS

Workplace health and wellbeing is about more than just flu jabs and employee assistance programs.

BY ISLA WOIDT

Why should employers prioritise the health and wellbeing of their workers? Healthy workers are three times more productive than their unhealthy counterparts[1] and the growing awareness regarding workplace health and wellbeing has reached tipping point with workers now expecting this of their employers. In South Australia, state monitoring data show workers increasingly believe employers should place a high priority on promoting the health and wellbeing of their employees, rising from half of SA workers in 2011 to almost three-quarters in 2018.

Positively, it appears that employers are responding … well, kind of.

Data show that SA workers feel that employers are increasingly placing a high priority on health and wellbeing, moving from 30% to over 45% in the same seven-year period.

The issue lies with the gap between three-quarters of workers believing it should be a priority, but only half of employers doing so.

HEALTHY FUTURES

The Department for Health and Wellbeing has been supporting South Australian businesses and industries to better understand and improve worker health and wellbeing through the Healthy Workers – Healthy Futures initiative. The workplace is an important setting for promoting and protecting health and wellbeing, with the World Health Organisation identifying workplace health programs as one of the 'best buy options' for tackling non-communicable diseases.

The Healthy Workers – Healthy Futures initiative (2014–18) successfully increased the capacity of individuals, workplaces and targeted industry groups to implement workplace health and wellbeing, reaching over 49,000 workers and 2,754 South Australian businesses. Eighty percent of workplaces involved in the initiative increased the programs and support offered to workers, 71% improved policies and workplace culture, and 67% of businesses made structural changes to their workplace environments to support workers' health and wellbeing.

Through the new prevention agency Wellbeing SA, the State Government is continuing to support South Australian businesses through a range of tools, resources, training and case studies available at www.sahealth.sa.gov.au/healthyworkers. Wellbeing SA is also working in collaboration with key statewide partners, including SafeWork SA, ReturnToWorkSA, and Business SA, to strengthen the system that supports workplace health, safety and wellbeing in South Australia.

ISLA WOIDT is senior project officer, Partnerships and Programs, WellbeingSA

WHAT IT MEANS FOR YOU

Clinics, hospitals and other health services are the workplace for many health professionals and support staff and have a significant impact on the health and wellbeing of the staff, not just the patients. There is a range of risk factors that can affect the physical and mental health and wellbeing of workers in the healthcare industry. These include heavy workloads, long working hours, shift work, fatigue, occupational violence, exposure to trauma and bullying and harassment.[2]

Employers have a duty of care to prevent workplace injuries and illnesses through eliminating and controlling hazards and risks in the workplace as per the *Work Health and Safety Act 2011*. But a 'healthy workplace' goes beyond the compliance model to create a culture of care. A healthy working environment is one in which there is not only an absence of harmful conditions that can cause injury and illness, but an abundance of health-promoting ones.

A workplace health and wellbeing program is more than just offering flu jabs and Employee Assistance Programs. An effective program is one that simultaneously addresses individual environmental and organisational factors affecting worker wellbeing.

Organisational factors include the active commitment of management and business practices and policies that support and encourage healthy behaviours (e.g. flexible work or smoke-free policies). Simply including health and wellbeing as a standing agenda in your staff or Work Health and Safety (WHS) meetings is an easy way to start.

Environmental factors are those working conditions that can promote or inhibit healthy lifestyle behaviours. Are bike racks, lockers and showers provided and accessible at your place of work? Is healthy food readily available and promoted in work food outlets and at work events?

Strategies that focus on individual needs can include improving access to health services and information, as well as building the knowledge and skills of workers to adopt healthy lifestyles. This may include free flu vaccinations or promoting the free Get Healthy information and coaching service (gethealthy.sa.gov.au).

Consistent research has also shown that doctors who have healthy lifestyle habits are more likely to impart healthy behaviours to their patients.[3]

YOUR WORKPLACE

Can you be a champion in your own workplace?

Ask your practise nurse, office manager or WHS/HR practitioner to complete a healthy workplace audit which is available on the SA Health website (www.sahealth.sa.gov.au/healthyworkers). This is a great starting point to benchmark your workplace and get some great ideas on how to improve.

It goes without saying that having a healthy, safe and productive workforce is not only good for the individual and the business, but also for the economy and the health system as a whole.

References

[1] Medibank Private, *The health of Australia's workforce* (2005)

[2] *Developing a workplace mental health strategy. A how-to guide for health services*. Beyond Blue

[3] *AMA Position Statement on health and wellbeing of doctors and medical students (2011)*

Empathy is not about changing others; it's an opportunity for us to change.

FINDING THE EDGES OF EMPATHY

Practising empathy can lead to a meaningful and more centred life ...

BY TROYE WALLETT

DR TROYE WALLETT is a GP and the clinical director of GenWise Healthcare. He co-founded GenWise in 2014 and feels fortunate for the opportunities and abundance that allowed him to do so. He is happy to be contacted about any speaking or teaching opportunities: t.wallett@genwisehealth.com.au

'Sonder' is that profound feeling of realisation that strangers live complex and vivid lives, (Wiktionary). It comes in moments of being present, when we see people around us without distraction. For example, driving at 3 am and coming across another car on the road can trigger a feeling of sonder.

Invoking sonder in medical consults – realising that our patients' lives are more intricate than we can imagine – improves connection and the nature of the interaction. It is a place of humility and empathy.

THE START OF EMPATHY

Sonder is the start of empathy, and the world needs more empathy. Empathy is fractal, in that the more one contemplates it, the harder it becomes to understand.

Consider how you would define empathy and how it differs from sympathy.

The *Webster Dictionary* defines empathy as "understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts and experience of another ..."

This definition falls short in that it is impossible to "understand" another person's emotions, as they are unique to them in that moment. We can only empathise with them, but this makes the definition circular.

Another issue with this definition is that "vicariously experiencing ..." lends itself to a rescue mentality and emotional enmeshing with the person.

As you can see, our understanding of empathy changes and morphs as it is explored. It means different things to different people.

In an attempt to define it practically, let's think about it this way: Empathy is standing alongside, or being with, a person as they experience the joys and sorrows of life. Empathy is the space between people that allows feelings to be expressed and acknowledged. It leaves the person empowered, listened to and supported.

Sympathy is similar, but leaves the person feeling belittled, misheard and lonely. Sympathy invokes pity and shame.

CONTEMPLATING EMPATHY

A significant lesson taught by the contemplation of empathy is that most people are not stupid, ignorant or evil. They are doing the best they can in a complex world. The implications of this are that people who think the opposite or differently to us are not stupid or ignorant, and that this cannot be used as an excuse when explaining their behaviour.

As our world becomes more divided and polarised, empathy brings people together with the acknowledgement that their thinking is valid despite being different. We desperately need more empathy in our world.

LIMITS ON EMPATHY?

Sounds easy until we consider some examples. How do we empathise with anti-vaxxers? How do we empathise with a misogynist? Or a racist? That is uncomfortable and hard. Is it possible to empathise with people who hold hateful views, or does empathy have limits?

When Xenona Clayton was appointed to the Atlanta Model Cities program in the 1960s, she was unaware that she would be working with Calvin Craig, the Grand Dragon of the Ku Klux Klan. A more despicable person you could not imagine. Her response to him has become legend and is a case study in empathy. Xenona did not present with righteous anger, but instead gave him space and conversed with him regularly. She listened, answered his questions and saw him for who he was, with no condemnation. In 1968, Calvin Craig renounced his membership of the Klan, stating that Xenona Clayton was the reason for his decision.

The story would be just as meaningful, and her empathy no less powerful, had he not renounced the Klan. However, it certainly would not be as memorable.

EMPATHY / CONNECTION

Empathy is not an underhand way to change people's mind or their actions. Empathy is for connection. It is a place where we can have hard discussions without righteous anger. It is a place for growth and learning. Empathy is not about changing other people, but a place for us to change. It leads to a meaningful and more centred life.

The argument presented above may resonate, but when we meet people who disagree with us, it is challenging to implement the lessons. This is the fractal nature of empathy: the more it is thought about, the harder it becomes to get your head around.

The fact remains, empathy is vital in our current climate. We cannot change others, only ourselves. And, therefore, it is up to us to struggle with empathy, present it to the world and be like Xenona Clayton.

A HUGE YEAR FOR THE AMSS

As students head towards the end of the academic year, the AMSS looks back at the year that was, and forward to 2020 ...

TOM GRANSBURY
STUDENT NEWS:
ADELAIDE UNIVERSITY

2019 has seen a successful committee voting and role restructure, increased sponsorship, an accounting reform, banking divestment from fossil fuels, as well as significantly increased short and medium-term spending back to members whilst maintaining our annual AMSF donation. Our AGM gave us a chance to thank the 2019 executive team Abby, Shehani, Mithma, Sush, James and Victoria – having spent hundreds of hours together, I could not be more proud of what this group has achieved along with the wider AMSS committee.

Congratulations to the recently elected 2020 executive – President Jade Pisaniello, Vice President (Education) Teham Ahmad, Vice President (Communication) Jenni Chataway, Treasurer Sophie Eblen, Sponsorship Officer Simon Riddell, Engagement Officer Chloe Borgas, Social Officer Emily Slimming and Secretary Aithne Tobin.

Also, a huge congratulations to the 2021 AMSA National Convention team lead by Florencia Moraga with Don Kieu, Nathan Dignam, Huy Pham and Jayda Jung who have an exciting two years ahead to bring the convention to Adelaide!

In September our 'Midnight in Marrakesh' themed Medball saw over 750 students sit down to a delicious meal before dancing the night away at the Adelaide Oval. On the night, Victoria Langton was recognised for her outstanding contribution to educational advocacy and medical school life, being awarded the most prestigious award of the AMSS: the Patron's Plate. Our annual MedRevue themed 'MedGirls' ran later that month, with almost 100 students showcasing their talent in a night filled with laughs, song and dance.

The advocacy arm of the AMSS, TeamEd, is busy working on a Fair Hours for Clinical Placement policy with the faculty, following reports of students being required to do 12-hour night shifts backing onto full teaching days. There has also been significant advocacy around a review of student representation in the incoming MD. Thanks to the AMA(SA), especially around the recent bullying and harassment parliamentary enquiry, we look forward to being involved in the upcoming summit, and we thank Dr Chris Moy for his ongoing advocacy and support in facilitating this, and for speaking at the recent AMSS EdForum about Digital and Mental Health.

In finishing my term as president, I must say it's been wonderful to see a shift in the culture and direction of the AMSS that means that Medicine at Adelaide in 2019 is much more of a welcoming and genuinely inclusive place than when I first joined it six years ago. I couldn't be more glad of the 'Traditio, Spiritus and Gaudium' that we have alive and well today.

AN ARGUMENT FOR THE TORTOISE

Final-year students find out about internships as students gear up for the MedRevue; plus a discussion on standardised testing.

JARROD HULME-JONES
STUDENT NEWS:
FLINDERS UNIVERSITY

There is reason to celebrate at Flinders! Final-year students have now mostly been told where they will be doing their internships with offers going to all Commonwealth-supported place applicants. Congratulations! Also, the annual Med Revue, this year titled 'Fantastic Deans and Where to Find Them', is being held 5-6 October (no doubt before this goes to publication) and is sure to have been a blast!

A fascinating podcast (*Revisionist history*, season 4, episodes 1 and 2) on studying law in the US was produced by renowned *New Yorker* journalist Malcolm Gladwell. Therein, Gladwell examines the strangeness of standardised testing and, in particular, the Law School Admission Test (LSAT).

As LSAT coaching companies explain, the test must be completed 'uncomfortably quickly' for a student to score highly – it's impossible to both take the time required to fully understand the nuances of the many long question stems and complete enough of the exam to score highly.

The question arises then: given the LSAT is the law-school gatekeeper and barrier to where students eventually get work as lawyers, is being able to work quickly through problems without fully understanding them a surrogate marker for a good lawyer?

The answer is, perhaps unsurprisingly, that the LSAT is good at choosing students to become lawyers in roles that require the rapid turnover of lower complexity tasks, but poor at finding lawyers to complete the slow, methodical complex work required of, say, the Supreme Court.

Supported by published research, Gladwell surmises therefore that potential law students can be divided into two groups – hares and tortoises, and that the LSAT selects for the hares over tortoises to the likely detriment of parts of the profession.

Like law schools, medical schools use assessments that favour the hares (e.g. the UMAT/GAMSAT). Just a few months ago, final-year students at Flinders sat a barrier exam that must be completed 'uncomfortably quickly' to be done well – the British Pharmaceutical Society's Prescribing Safety Assessment, an exam that asks students to hastily write appropriate prescriptions after reading a wordy question stem.

This exam has no negative marking for incorrect answers, so a hare who makes a fatal opioid dosage error can pass, whilst a perfect-scoring tortoise who doesn't get to the last 15 questions might fail. It has me asking the question, surely the medical profession also needs tortoises? And if we are to get them, perhaps our assessments shouldn't always favour the hare?

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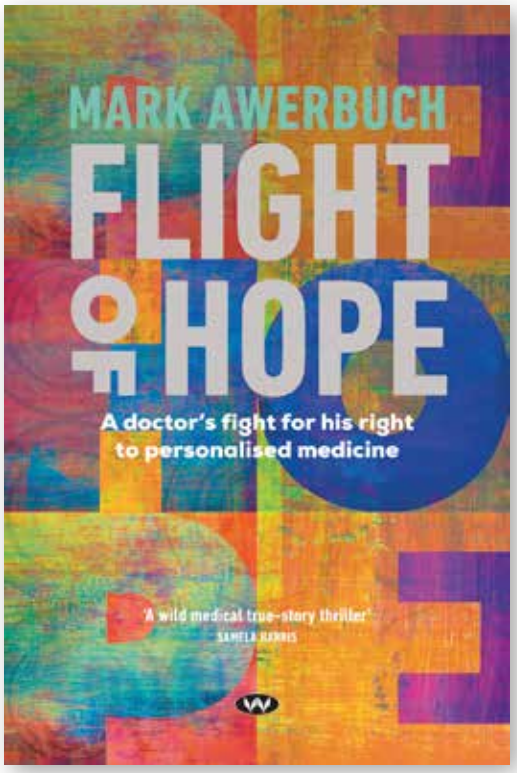
FLIGHT OF HOPE:

A DOCTOR'S FIGHT FOR HIS RIGHT TO PERSONALISED MEDICINE



By Dr Mark Awerbuch

REVIEW BY DR PHILIP HARDING

Flight of Hope, by well-known Adelaide consultant rheumatologist and pain physician Mark Awerbuch, is an extraordinary book. Subtitled *A doctor's fight for his right to personalised medicine*, it is the author's account of his diagnosis in 2014 with acute T-cell lymphoblastic leukaemia and his battle not so much with the disease – he doesn't like the concept of *battling* or *fighting* cancer – but with our health system in trying to achieve what he perceived as being appropriate treatment in the form of bone marrow transplantation.

Described by one prominent reviewer as "a wild medical true-story thriller", the story of his illness is interwoven with accounts of his childhood and undergraduate medical training in South Africa, postgraduate life in London, subsequent family life and professional interactions in Adelaide, and philosophical reflections on all of the above. This is all told with the skill of a great storyteller, Dr Awerbuch being an accomplished author not only in the medical literature but of a previous book *Live Stronger Live Longer* which espouses his belief in the health benefits of exercise and physical fitness: concepts which appeared to let him down when this superfit marathon-running physician developed the insidious symptoms leading to the shattering diagnosis of the worst form of haematological malignancy.

At times shocking, at others amusing, amazing or something which reflects poorly on our behaviour as a profession, and never lacking in highly personal detail, the narrative moves relentlessly from one medically disastrous episode to another over a continuing journey.

This is a literary review rather than a case commentary such as one could easily construct for a hospital grand round, but this medical reader can but imagine what those without medical insight might make of some aspects of the story. Incidents and interactions which will seem jaw-dropping to a lay person might cause some eye-rolling in a trained physician. Turned aside by his Australian colleagues at every corner in his quest for something other than palliative treatment, the author ultimately travels to Israel – this being the meaning of the title of the book – at enormous personal, emotional and financial cost to undergo bone marrow transplantation.

One of the fascinating parallel themes in the book is an insight into the social and political situation in Israel, evoked by the author's own Jewish background. In what seems a supreme irony, the transplant ends up being about the only thing in the story which is not rejected: as already noted, the author himself was serially rejected by the established criteria for transplantation – a system of which he is devastatingly critical – and as time goes by after the procedure, his own body starts in effect being rejected as he develops increasing manifestations of graft versus host disease.

Apart from being what seems the worst possible story about how a doctor is treated when he becomes a patient, Dr Awerbuch's book raises some serious ethical issues. It describes a collision between the rights of the individual and societal decisions about resource allocation. In that sense it is a must-read for anyone with an interest in such matters, which should be all of us.

It is a story which would be hard to construct as the stuff of fiction, even allowing for the odd episode of literary licence in the account of undergraduate life. It is told with unrelenting and sometimes painful detail and above all is a tribute to the courage, persistence and optimism of the author in the face of seemingly unsurmountable difficulties. I found it at times difficult to read but equally hard to put down.

GIVEAWAY

We have three copies of Flight of Hope *to giveaway, courtesy of publisher Wakefield Press. If you would like one, email your details to books@amasa.org.au or call (08) 8361 0101. Winners will be notified directly and names published in* medicSA, *December 2019.*

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FOR THE BETTERMENT OF OTHERS

JOHN GOVAN MBCHB FRANZCP

1932 - 2019

Dr John Govan, a life member of AMA(SA), died on 8 July 2019 in Adelaide. He had enjoyed a distinguished career, making a significant contribution to the development of adolescent mental health in South Australia and as a respected consultant psychiatrist in private practice.

John George Govan was born in Edinburgh, Scotland in 1932, and named after his grandfather. He was the third of five children to Muriel and Frank. He attended secondary school in Edinburgh and was in the RAF cadets. A determined, tenacious student, he enjoyed school holidays cycling around Scotland. Before starting university, he went on a European adventure which sparked a lifelong love of travel.

When John was enrolling at Edinburgh University, he decided at the last minute to study medicine – he was originally thinking of agricultural science. He put himself through university, working as a bus conductor, and he also developed an interest in playing bridge and in politics, becoming president of the Edinburgh University Conservative Club.

After graduating, John married Jill. He completed his intern year at hospitals in Northampton in England and Ayrshire in Scotland, where daughter Nicky was born. John spent three years as a doctor in the RAF, based in England, Holland and then Germany, where son Doug was born. John and Jill's third child Ros was born in Edinburgh, before they decided to migrate to Australia, travelling to Tasmania by ship in 1962, as '10-pound Poms'. They settled into country life in Longford, Tasmania, where Jakki was born in 1965.

John was a popular doctor in a busy country practice. He was well regarded by colleagues and the community and delivered over 200 babies. As a GP, he became more and more interested in mental health. In those days before Medicare, John regularly treated patients who couldn't pay their bills. Instead they would often arrive on weekends with a load of wood, a dozen eggs or fresh vegetables.

In 1970, the family moved to Adelaide, and a year later John entered psychiatric training, while working weekends as a locum. He received his fellowship from the Royal Australian and New Zealand College of Psychiatrists in May 1975. He was then invited to take charge of Willis House, an Adolescent Psychiatric Unit at Enfield and was a visiting psychiatrist at the Adelaide Children's Hospital. After a further two years of study he became a graduate of the South Australian Child and Adolescent Psychiatric Program. John had a strong sense of social justice and concern for the mental wellbeing of children. His supervision and running of holiday camps for vulnerable children at Port Elliot clearly demonstrated this. John went on to develop a reputation for being willing to take on the most severely distressed adolescents, who were often suicidal.

In 1981 he decided working one on one with patients was his true vocation, leaving management and administration behind. He moved into private practice until retiring in 2013. During this time, he was a visiting senior psychiatrist and a clinical lecturer in Psychiatry at the University of Adelaide. John lectured and worked one on one with students for over 25 years and was delighted to receive a Certificate in Excellence in Teaching, voted by students who had completed placements with him.

Lifelong learning was important in John's practice. He read widely, attended conferences and, from 1995 until he retired, was part of the Adelaide Hills Peer Review group. This comprised six or so psychiatrists who would meet over dinner, once a month, to discuss cases and support each other.

In 1984, John married Leonie. James was born the following year and Tim in 1988. Faith was important to John. He had a strong, life-long association with the Presbyterian, then Uniting Church. He was also actively involved in local community, including being a member of Probus, Rotary, the Kensington Residents Association, Erimus, and committees at On Statenborough. His retirement years were enhanced by the development of a happy relationship with Sue Heysen. They enjoyed travelling to a wide variety of destinations.

John Govan was an intelligent, wise and generous man who gave much through his work for the betterment of others. He packed a huge amount into his 87 years, including a 57-year medical career, six children and six grandchildren, and was a member of the AMA for 61 years. Our condolences go to his family.

ROUND THE BEND – WITH THE AUDI Q5

Our motoring reporters Robert Menz and Philip Harding are both former Audi owners. They recently put the 185 kW petrol version of the Q5 to the test.

Rob: Hi Phil – this month we have another Audi to write about. Why would we want to write about Audis? Well, we have both been Audi owners and they represent excellent quality and good value European vehicles ... perhaps not quite in the Mercedes/BMW sphere, but certainly seen as equal to Volvo and perhaps a step above Audi's own stablemate Volkswagen.

There is a small range of Q5 models with three 2L engine options being a 140 kW, a 185 kW diesel and the 185 kW petrol version we tested, which is officially called Q5 45 TFSI. There is also a 3L diesel which puts out 210 kW, and if you're interested in towing, it has 620 Nm of torque.

Prices range from $66-$84,000; you could easily spend another $15,000 on options, although by the time you read this, items which had been add-on options – such as heated seats, panoramic sunroof and parking assistance package – will now be included, saving over $5000.

The overall impression the Q5 left with me, after a week behind the wheel, was simply how easy it was to drive. I had a mixture of daily drives around town, a day trip to Victor Harbor and another drive to Charleston in the Adelaide Hills including a short section of dirt road. The driving position is extremely comfortable and, as with most cars of this calibre, is multi-adjustable to suit different sizes and shapes of driver and different driving styles. The heated front seats were much appreciated on cold mornings and this was just one example of the increasing number of what are probably best called comfort features in many modern cars.

The elevated seating position provides excellent vision, and if you are feeling a bit lazy and don't want to turn your head prior to changing lanes, there is an orange warning light in your outside mirror telling you if there is a car in the other lane.

The Q5 is built on the same platform as the A5 which we drove last year, and unsurprisingly has very similar performance figures. The straight line performance is similar to the A5 with a claimed 0 to 100 kph of 6.3 seconds. More impressively, the handling is also much like a sedan, and at highway speeds, the 2L turbocharged petrol engine is barely ticking over at 1800 rpm.

I enjoyed the excellent rear and front cameras to make parking easier, especially as part of the screen included a helicopter view of the car, leaving no excuses for poor parking positions or scraping the 20-inch wheels on the kerb. There is a cableless charging pad for the iPhone between the front seats, and if you leave your phone there when you turn off the car and open the front door, the car reminds you that your phone is left in the car. In addition, the phone marks the space where you have parked your car in Maps. For those thirsty drivers who like either a hot or cold drink while driving, one of the two front cupholders has its own thermal pad, which will either heat or cool your drink.

When you open the front door, the Audi symbol is projected onto the ground; on seeing this, one of my passengers quipped that this probably meant Audi ran rings around the competition.

As with the A5 there are several driving modes and the option of manually changing gears with steering wheel paddles. The trip to Victor Harbor with my mother as a passenger was undertaken entirely in comfort mode. There was plenty of room in the boot to accommodate the results of a substantial shopping trip to Mitre 10, and on the return trip, we stopped off at the eclectic White Feather Red winery (www.facebook.com/whitefeatherred/)

... the Audi symbol is projected onto the ground; on seeing this, one of my passengers quipped that this probably meant Audi ran rings around the competition. ...

in Binney Rd, McLaren Vale. Moondog, who owns the winery, entertained us with stories of the Vale, and a couple of cases were also easily accommodated in the Q5's boot. We also stopped for afternoon tea at Victor's Place (www.victorsplace.com.au), a converted 1850s dairy, which you will find just after the turn-off from Main South Road to Victor Harbor Road at Old Noarlunga. Local winemaker and brewer Alan Barney and his vivacious blue-haired Berlin-born wife Kathrin were able to graciously host us for afternoon tea despite having a nearly full restaurant of diners.

On the following day I joined the walking group for a 15-km walk in and around the Charleston Conservation Park in the Adelaide Hills on a delightfully cool but sunny late winter's day. Again the Q5 with its excellent satnav helped us navigate easily to Kings Road.

It was getting late as we returned, and as the driver, I much appreciated the excellent xenon headlights which turned on automatically at dusk.

Phil, you said something about this car driving you around the bend?

Phil: Yes, it did in a couple of quite different ways. And no, one of them wasn't taking it down to Tailem Bend for some track work ... although if you lined up with a cohort of other four-cylinder SUVs, I think it would do pretty well. The first point is the way the Q5 is able to drive itself around bends, at least fairly gentle ones, using its active lane-assist feature. Obviously it's not meant to be an autonomous vehicle but with this piece of technology, along with the excellent adaptive cruise control (ACC), it is the closest I've come to be able to take my hands and feet off everything and let the car do the work.

The ACC is very easy to set and adjust for distance from the car in front as well as speed, and if you want to try it out of in a traffic situation - again probably not what the manufacturer recommends - it will actually bring the vehicle to a complete stop in a very controlled way. What these wonderful technologies are meant to do, of course, is to provide backup to keep you safe driving normally and full marks to Audi for progressing things to this level.

The other issue that drove me round the bend a bit was the double information display, with the tablet device in the centre along with the main display behind the steering wheel often displaying duplicate information. This is a criticism we both had of the virtually identical system in the A5 Sportback Quattro we reviewed in December 2018. Having said that, the telephone interface and media systems are very comprehensive and highly functional. And, of course, the interior fit and finish and surfaces are of superb quality as you expect from this marque.

In summary, if you're looking for a mid-size SUV in this price bracket, with an emphasis on performance, good quality and a reasonable degree of badge status, you'd go a long way trying to find anything better than the Q5.

Q5 was supplied by Solitaire Motors.

Robert Menz is a GP who once owned an Audi Fox. Phil Harding is an endocrinologist whose A3 cabriolet was the last of his three ragtops.

NOTICES

CLINPATH – NORTH ADELAIDE PATHOLOGY: From early November, Clinpath will be opening a new Collection Centre at 262 Melbourne Street. Visit www.clinpath.com.au for more information.

DR ROBERT J HALL, neurologist, advises that he continues to perform electromyography (EMG) and nerve conduction studies at Memorial Medical Centre, 1 Kermode St, North Adelaide. Ph 8239 1933, fax 8267 6672.

RICHARD HAMILTON MBBS, FRACS, plastic surgeon, wishes to notify colleagues that his private clinic Hamilton House Plastic Surgery has recently been fully re-accredited under the Australian National Standards (NSQHS) for health care facilities and also by the American Association for the Accreditation of Ambulatory Surgical Facilities International (AAAASFI).

Richard Hamilton continues to practise plastic and reconstructive surgery at Hamilton House, 470 Goodwood Road, Cumberland Park, with special interests in skin cancer excision and reconstruction, hand surgery and general plastic surgery. Convenient free car parking is available.

Richard also consults fortnightly at Morphett Vale and McLaren Vale as well as monthly at Victor Harbor and Mount Gambier. He is available for telephone advice to GPs on 8272 6666 or 0408 818 222 and he readily accepts emergency plastic and hand surgery referrals.

For convenience, referrals may be faxed to 8373 3853 or emailed to admin@hamiltonhouse.com.au. For all appointments phone his friendly staff at Hamilton House on 8272 6666, or www.hamiltonhouse.com.au.

DR GEOFF MOWER, pathologist, is retiring to a life beyond pathology after practising as a specialist pathologist in Adelaide since 1989. He would like to thank all professional colleagues and referrers for their much-valued support over the last 30 years. His Clinpath Pathology colleagues wish him well in retirement.

SUSAN NEUHAUS wishes to advise that effective 1 December 2019 she will be taking a period of sabbatical leave. During this time, she will cease taking new melanoma/skin cancer patients but will continue to follow up all current (melanoma and non-melanoma) patients. She will continue to practise as a surgical oncologist with special interests in soft tissue tumours and general surgery from her private rooms at Level 4, 18 North Terrace, Adelaide, ph: 8213 1800, fax: 8213 1811, email: padrneuhaus@apsa.com.au.

DR ALEXA POTTER, plastic/reconstructive surgeon and hand surgeon, is now consulting weekly at Seaford Day Surgery, as well as at Stirling Hospital and Blackwood Hospital in Belair. She welcomes referrals for a wide range of plastic surgery consults and is fellowship trained in hand and wrist surgery.

For all appointments please phone 8472 3090, fax 8464 0631, email admin@inhandsurgery.com.au.

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To find out more or to make an article suggestion, call Karen Phillips on 8361 0106 or email medicSA@amasa.org.au. You can also write to the Managing Editor c/o of the AMA(SA), PO Box 134, North Adelaide SA 5006

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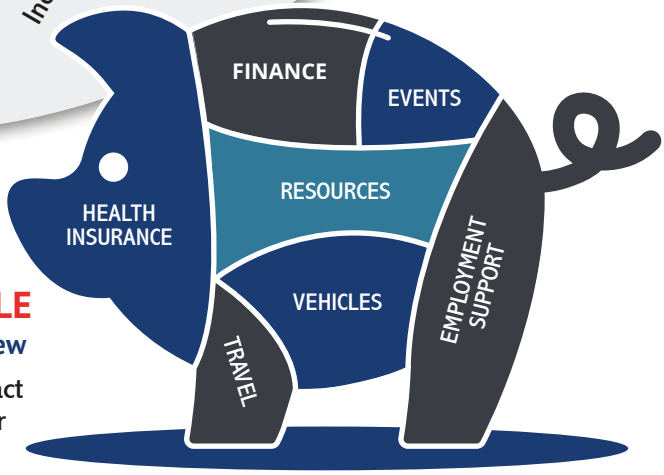

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