Canberra DOCTOR
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ACT 'wins' AMA/ACOSH dirty ashtray

Dr Charles Howse with the "Dirty Ashtray" award.

The Australian Council on Smoking and Health (ACOSH) and the Australian Medical Association announced the winners of its National Tobacco Scoreboard last month.

Winners were Queensland and Tasmania jointly because they had "done the most of all States and Territories over the last twelve months through legislation and other programs to stop people smoking", said AMA President, Dr Mukesh Haikerwal in announcing the results.

The ACT was awarded the least coveted prize of the "Dirty Ashtray", because said, Mukesh Haikerwal, "the ACT is this year's most disappointing performer in tobacco control and has taken out the infamous Dirty Ashtray Award for 2005 because its efforts over the last twelve months have lagged behind the other States and its anti-smoking advances of recent years."

Winners or losers, all governments on the right track

Dr Haikerwal, said that while there were winners and losers in these awards, it is pleasing to see that all our governments are finally all working with commitment towards stamping out smoking and saving Australian lives. He also commended the efforts of governments to create more smoke-free workplaces and venues and although some were doing more than others, all were heading in the right direction.

The announcement was made on "Daffodil Day", the Cancer Council of Australia's largest fundraising event of its kind for cancer research, education and patient support in the southern hemisphere, and organisers hope to raise $7.8m this year. Dr Haikerwal applauded the work of ACOSH, the Cancer Council and other groups who are striving to make Australia a smoke-free zone.

The jurisdictions were measured against the criteria of their enclosed public places policy, outdoors public place policy, smoke-free workplaces, restrictions on tobacco marketing, support of general QUIT campaigns, initiatives to address youth update, initiatives to promote adult cessation, addressing smoking by Indigenous Australians, enforcements of laws, and funding for mass media campaigns (see table on page ….)

ACOSH
Australian Council on Smoking and Health
AMA/ACOSH National Tobacco Scoreboard 2005

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Enclosed Public Places Policy	4	5	1	9	6	9	7	9
Outdoors Public Place	1	4	2	9	2	7	5	5
Smokefree Workplaces	6	6	6	7	7	8	7	8
Restrictions Tobacco Marketing	6	6	8	8	5	9	7	7
Support of General Quit Campaigns	7	7	4	7	6	8	7	7
Initiatives to Address Youth Uptake	6	7	6	8	7	7	7	7
Initiatives to Promote Adult Cessation	6	6	5	6	6	6	7	7
Addressing Smoking by Indigenous Australians	4	5	7	7	6	7	6	7
Enforcement of Laws	6	5	6	8	7	8	7	1
Funding for Mass Media Campaigns	4	7	6	7	5	7	7	6
TOTAL	50	58	51	76	57	76	67	64
RANKING	8	5	7	1	6	1	3	4

A disgusting morsel

ACT AMA President, Dr Charles Howse described the Dirty Ashtray Award as a "disgusting morsel", but an important weapon in tobacco control. He was hopeful that it would provide the impetus for a new community debate on totally smoke-free public areas and smoke-free cars with kids which would set the standard for Australia. Dr Howse said that the ACT AMA would continue to lobby for better legislative reforms which would effectively replace the 75/25 regulations which will come into effect in late 2006.

The regulations were regarded as a "mockery" by Dr Haikerwal. He commended the ACT government on its smoke-free hospitality legislation, but remarked the effectiveness of the legislation was undermined by the regulations which provided for 75/25 enclosed/unenclosed confusion.

The ACT AMA's tobacco task force has also been critical of the regulations which come into effect in late 2006 – a date too far. The Tobacco Task Force has representatives from The Cancer Council ACT, National Heart Foundation ACT, Winnunga Nimmityjah AHS, and Canberra ASH and is committed to the next step in making the ACT smoke-free.

Breathe easy wish list

Dr Howse said that his "breathe easy" wish list would include: advertising to accompany the introduction of the new graphic tobacco warnings on cigarette packets; funding to implement youth smoking prevention projects, mandatory local television station screening of the prize-winning anti-tobacco/smoking videos made by the students at the University of Canberra; support funding for special projects by community organisations working to reduce smoking and tobacco among young adults and youth; smoke-free outdoor public places where food is being prepared and eaten and a totally smoke-free Bruce stadium, and smoke-free cars with kids on board.

School takes on QUIT program

Dr Howse commended the recent initiative at Campbell High School where their counsellor supported a group of approximately eight students in their efforts to give up smoking. The counsellor sought the assistance of the ACT AMA's Dr Tracey Soh, and The Cancer Council's QUIT coordinator and together they supported the students over an eight-week period. Dr Howse said that with some additional financial support from government, and support from the pharmaceutical companies marketing nicotine replacement therapies, initiatives like this could take place all over Canberra.

Dr Howse said the ACT AMA was supportive of the proposal for more effective enforcement of the prohibition on selling cigarettes and other smoking products to persons under the age of 18 and regarded this as an important initiative and one which the Health Minister should be congratulated on. The Minister's Health Protection Unit was on the right track when it concluded in its consultation paper on effective enforcement: reducing children's access to tobacco products is an important part of the overall effort to reduce the harm caused by nicotine dependence and tobacco use.

Continued page 3

Dr Tracy Soh and QUITing students of Campbell High School.

Dr Jeremy Price | Dr Iain Stewart | Dr Suet Wan Chen | Dr Malcolm Thomson | Dr Fred Lomas | Dr Paul Sullivan

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ACT AMA President's report

"Dirty Ashtray" Award

I had the dubious honour of receiving the "dirty ashtray" award at the recent federal council meeting. The Award is usually given at the National Conference, but because of illness by the personal responsible at ACOSH for evaluating the States against the criteria, the Award was delayed.

So as a result, call it bad timing or 'serendipity' the Award was presented recently in Canberra and it is probably for this reason that it attracted more media coverage than expected given the presence more local media at the Federal AMA building.

I ask you to read the main article in Canberra Doctor giving more detail on the consideration of the winners and losers of this dubious award. In defence of the local government, the ACT was the first jurisdiction to legislate for banning smoking in enclosed spaces, which comes into force at the end of 2006. Unfortunately the definition of "a substantially enclosed space" was not adequately defined if we were left with the controversial 75:25 rule. This particular regulation was criticised by ACOSH. If there is anything good to come out of this, it will give the ACT impetus to actively pursue all areas of anti-smoking including further legislation and education programmes especially for adolescents. We feel smoking should be banned in all areas inside or out where food is either served or prepared. The popular alfresco eating in Canberra should be smoke-free. Previous winners of the dirty ashtray award were Queensland and Tasmania, both previous recipients called the "dirty ashtray" award.

Medical workforce shortages

In the effort to improve our work force shortage, health bureaucrats are targeting hundreds of unemployed UK doctors in a major recruitment drive to relieve local shortages. This has apparently received significant publicity in the UK and the BMA claimed 2000 junior doctors have been unable to find work in the National Health Service because of a chronic lack of postgraduate training posts in hospitals. Australia hopes to attract about 3000 young doctors, and South Australia was apparently setting up a major doctor recruitment drive in London. In Australia recent figures show that despite a 4 per cent increase in GP numbers between 2000-2003 the number of full-time equivalent GPs has dropped from 102 per 100,000 to 100 per 100,000 over this period. Individual stories from UK show young doctors are on the dole as they are unable to obtain training positions in the hospital system. The lure of weather beaches and lifestyle and of course employment is most attractive.

Now middle-aged doctors are still working 50 hours per week with proportion of female doctors increasing and younger doctors opting for a lighter workload, with mild GPs under 35 working 43 hours per week. Things do not look like improving for some time yet.

The Productivity Commission's work force inquiry completes its report in December and has received more than 150 submissions from organisations ranging from religious groups, the Federal Health Department, doctor's groups, College of Nursing, and pharmacists, name a few. Many had demanded reform to the concept of a doctor's traditional monopoly in prescribing, diagnosis and referral and even to the concept the GP should act as gatekeepers to primary care. The AMA has made a submission and is blunt in its unashamedly committed to no job substitution. The States with the worse workforce crisis such as Queensland are calling for more nurse practitioners, pharmacists with limited prescribing one and podiatrists to train to perform surgery. While the AMA rejects task substitution, it supports task delegation to appropriately trained nursing and allied health colleagues and supports a team based model of care under the control of the doctor.

Tort law

An interesting study on "whiplash injuries" by an orthopaedic surgeon in Adelaide, Dr Osti found that if the patient reviewed a lawyer about the issue of compensation this had the most important negative prognostic factor of long-term disability. Studies in other countries also find similar findings with links between litigation and the speed of recovery. The adversarial nature of the compensation system the main reason for this connection and negative emotions appear to breed ill-health. He found patients were constantly required to demonstrate that they are unwell and by maintaining this status the compensation crisis continues. This need to perpetuate or maintain a disability is another problem with the compensation process and places pressure on the claimant to put their recovery "on hold". Unfortunately the "duelling expert" system between insurers and lawyers can result in numerous examinations by respective medical practitioners which do not have anything to do with medical treatment.

HIC on-line

I have previously mentioned the programme of HIC online and the difficulties it presents in being user-friendly. This has now taken a new step with the reported plans of Human Services Minister Joe Hockey to reform the Health Insurance Commission and possibly forcing doctors onto on-line billing. The Minister has claimed the slow uptake of on-line billing is the fault of the doctors which is fundamentally incorrect as now more than 90 per cent doctors use electronic prescribing and communications systems because they are affordable and add value to their medical practice. The HIC on-ine is not being taken up with any great enthusiasm because it offers no significant benefits to doctors and their patients mainly due to the time and red tape required for each patient. The use of e-health in medical practices is continuing to rise only when it is efficient, productive and has some benefit to the daily process with in a busy practice. Such a proposal requires consultation with the health experts in the AMA and also across the medical profession.

Dr Charles Howse

Where are they now? Reuniting the digger doctors

By Melissa Schwalger

When Australia marked the 60th anniversary of Victory in the Pacific on 15 August, Dr Sam Hatfield started wondering afresh what had become of Sydney University's graduating class of 1939. Many enlisted as medical officers and some didn't survive the war, while most of those who came home have died in recent years.

It is too late for many, but the 88-year-old is keen to catch up with his remaining medical school classmates, and also any other doctors who graduated from Sydney University around that time and served in the war.

AMA (NSW) is asking all state branches to assist in the search, and is hoping to arrange a reunion lunch in Sydney for those who can attend.

It will be an opportunity to reminisce and exchange stories about the war and the following 60 years of relative peace.

Everyone who served has stories to tell, some more harrowing than others. Dr Hatfield went to New Guinea with the 4th Field Ambulance in 1942. He survived malaria, dysentery, dermatitis and an ulcerated shrapnel wound in his leg, and considers himself lucky compared to many others.

"The malaria was very severe, with rigors which would last a few minutes and make the bed shake. The dysentery we used to call '39 steps dysentery' because the toilet was always 40 steps away," said Dr Hatfield, who still works full-time as a radiologist in Wollongong.

The four weeks of field hospital training back in Melbourne had prepared the medical personnel for the Middle East, but when they were shipped to New Guinea the information had little relevance.

"We learned very quickly that unless you debrided dead flesh which had become gangrenous from a gunshot wound, toxic bacteria would produce a septicaemia and the soldier would die," said Dr Hatfield.

"However, if you allowed blowflies to lay eggs and produce maggots to eat the dead flesh, the soldier had a better chance of surviving. So we opened up the wounds and let the flies lay their eggs."

Sometimes the best cure was even more extreme, such as the following tale that brought the house down when Dr Hatfield retold it at a Continuing Professional Education Seminar more than 50 years later.

"A brigade major came to see me with blocked sinuses, but all I could offer him was menthol drops. Months later, it was still no good.

"Months after that, I had an advanced field dressing station up in the jungle. As the wounded were coming back, I saw a soldier struggling with a crutch, with blood all over his face. As I went to clean his face, I recognised him as the brigade major."

A bullet had gone clean through the soldier's face, and he protested as Dr Hatfield tried to help him, "Leave my bloody face alone, I've never breathed better!"

Dr Hatfield was wounded when his unit was sent to Salamander Bay to evacuate the wounded soldiers of the 4th Brigade who had been fighting the Japanese in the hilly jungle surrounding the bay. However, the Japanese had other plans and starting firing on the 12 landing barges.

"When we got in close, we swung hard to starboard. The Japs opened up with a few woodpeckers and we hit the beach – I wasn't the last off! That evening it was raining, but then the moon came out and the Japs saw us unloading and started firing. A little bit of shrapnel hit my leg," he said.

That small wound became an ulcer that didn't start to properly heal until Dr Hatfield was evacuated home by hospital ship in 1944, due to the ulcer and his other disabilities.

His experiences pale in comparison to those who endured imprisonment and slave labour under the Japanese, and he is anxious not to be put in the same category as those he considers the true war heroes.

One such man is Dr Rowley Richards, MBE, OAM, ED (Efficiency Decoration), who has just released a personal account of his experiences as a prisoner, in *A Doctor's War*.

The retired Beacon Hill GP had just a few months of active service before being taken prisoner after the fall of Singapore.

His book was based on secret journals he wrote at the time and describes the horrors of Changi Prison followed by the building of the notorious 400km railway through the Burmese jungle.

Dr Richards wrote the bulk of his memoirs in the two years after he returned home from the war, but then put it aside.

"About five years ago I donated my diaries and medical records to the War Memorial. They got quite excited…I thought I'd better dust off my memoirs," he said.

Before long, he had six publishers clamouring for the rights to the book, and a print run of 10,000 in June. This was followed by television, radio and newspaper interviews for the 89-year-old author. Another 10,000 copies were printed in August.

"Reading the book myself, I can't believe that it happened at all," said Dr Richards.

"I find it very difficult to relate to it."

That's probably a good thing.

If you have information about the whereabouts of any of the doctors pictured or would like to be included in a Sydney reunion for doctors who served in the military during WWII, please contact Melissa Schwalger at melissa@nswama.com.au or ph (02) 9439 8822.

Melissa Schwalger is Editor of **The NSW Doctor**

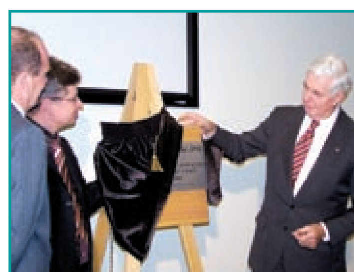
The opening of our two new centres of excellence

John James opens its new medical centre

On 27 July, the Governor General, Major General Michael Jeffery opened the new "state of the art" clinical diagnostic and medical education centre worth a total investment of almost $11m.

Purpose-designed and built, the John James Memorial Hospital's clinical services centre is the first hospital-based facility of its type in the region and the largest in the ACT. The hospital's commitment is to ensure today's practitioners stay abreast of the latest developments, through its investment in education and training, and that tomorrow's health professionals have the opportunity to learn and train in a "leading edge" environment and with "leading edge" technology.

Its new education and teaching facility, the Conmed Linvatec Education Centre and Theatrette, now also provides educational and teaching facilities on-site at the hospital for patients, nursing, medical and surgical staff. The centre and theatrette are in line with the ACT government's commitment to medical education and will play a significant role in educating the city's future medical community.



The Canberra Eye Hospital: "see for yourself"

On 19 August, Chief Minister, Mr Jon Stanhope opened the new Canberra Eye Hospital and Editor in chief of The Canberra Times, Mr Jack Waterford performed the role of Master of Ceremonies.

The hospital is located on Wormald Street, North Symonston – just off Canberra Avenue.

From its beginnings in suburban Curtin in the 1960s, with Dr Leo Shanahan a driving force, the Canberra Eye Hospital and grown and developed to combine the experience of seven highly trained ophthalmologists in the new, high tech facility.

Dr Martin Duncan said that the "new Canberra Eye Hospital merges the Civic Consulting and Laser Centre and the Curtin Day Theatre to provide better facilities, more space and ample parking. The number of eye procedures being conducted every year is continually on the rise. The new facilities has 12 consulting rooms, a large reception area, a teaching area of optometrist evenings, a medical students' area, plenty of parking and a great coffee shop."

"The Eye Hospital is one of the biggest eye hospitals outside Sydney, Melbourne and Brisbane. This is really important because we cover a regional area that includes Bateman's Bay, Young, Cooma and Goulburn", he said.

The hospital caters for a wide range of eye operations, from emergencies to laser eye surgery and the treatment of common eye conditions, such as glaucoma and cataracts.

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From page 1

Reducing retail access helps to support other initiatives (such as education messages and smoke-free public places) to discourage smoking by young people; there is also evidence that a lack of retail access can contribute to reductions in youth smoking rates.

Doctors are only too aware of the harmful effects of smoking, they see them every day. Doctors despair at the senseless loss of life and the avoidable harm it does to the health of Australians. And the worst part is seeing young kids smoking.

Dr Howse said that the ACT should pull out all stops to ensure that all Canberrans can "breathe easy" and stop the senseless loss of approximately 300 lives each year due to tobacco related illnesses.

Comments from the Minister for Health

ACT Health Minister Simon Corbell MLA has indicated his disappointment at the ACT's ranking on this year's Scoreboard. "Given the ACT Government's commitment to a comprehensive strategy to reduce the harm associated with tobacco smoking", the Minister said, "our ranking is a matter of considerable concern to me. The criteria that matter most – those that pertain to tobacco use – show that the ACT is doing much better than this ranking would suggest."

"As an early national leader in a number of areas," Mr Corbell said, "we need to acknowledge that other jurisdictions are now catching up, and that our leadership that largely set the scene for the 'raising of the bar' that we see occurring now."

The Minister noted the Scoreboard rankings did not take into account key indicators such as trends in smoking prevalence and patterns of tobacco use among adults and children. For example, in the ACT, smoking prevalence decreased from 18.4% to 16.1% between 2001 and 2004 and is now the second lowest of all Australian States and Territories. Daily smoking rates for ACT adults between the ages of 30 and 59 are the lowest in any State or Territory, and average weekly household expenditure on tobacco is the lowest of any Australian State or Territory. The proportion of ACT secondary students who smoke declined from 21% in 1996 to 15% in 2002. In the ACT, 18% of teenagers age 16-17 smoke, compared to 23% nationally.

The ACT also continues to implement a model tobacco licensing system and, most recently, has become the only State or Territory to end the use of cigarette vending machines (from September 2006) and to announce a prohibition on the sale of fruit-flavoured cigarettes.

The Minister noted that the ACT's Scoreboard scores in a number of areas were inexplicably low compared to other jurisdictions. For example, the ACT – where all enclosed public places will be non-smoking from 1 December 2006 – was ranked equally with New South Wales and the Northern Territory for 'smoke-free workplaces' and behind South Australia and Victoria. However, the Northern Territory has no legislative requirements for smoke-free licensed premises, and the ACT will have smoke-free licensed premises before New South Wales, South Australia and Victoria.

The Minister also highlighted the fact that, although the actual definition may not satisfy everyone, at least the ACT – in contrast to most other jurisdictions – has provided clarity to businesses and community by defining an 'enclosed' public place. As the Minister explained, "It became clear, during the lengthy and difficult process of developing this definition, that there is no national or international consensus on what 'enclosed' means. What is clear, however, is that the ACT's prohibition on smoking in enclosed public places will mean that people will be able to go out for a meal, enjoy music and dancing, and socialise at a pub or club without having to breathe tobacco smoke. This will be a major advancement in public health terms, and it is disappointing that this has not been acknowledged."

AMA Roundup

Childhood obesity is a real problem that deserves real funding

AMA President, Dr Mukesh Haikerwal, has said that the health of Australian children has been compromised by the Government's decision to accept $1million for research into childhood obesity from the same body that represents manufacturers responsible for exposing young children to 77 junk food advertisements during prime time television each week.

Dr Haikerwal's comments came after the Federal Government announced that the Australian Food and Grocery Council along with the Departments of Health and Ageing and Agriculture Fisheries and Forestry, have contributed $1 million each to the joint project, Measuring Australia's Eating Habits and Physical Activity, an information collecting exercise designed initially to help combat increasing levels of obesity among Australian children.

At the same time, a new study released, adds weight to the AMA's concerns that Australian children are exposed to an unprecedented and increasing number of junk food ads during prime time television.

The AMA, as a member of the Coalition Against Food Advertising to Children, has long been calling for a ban on junk food advertising to children.

"We're seeing a sharp rise in the rate of obesity related disease in children. Diseases seen in overweight middle aged people like type 2 diabetes, liver complaints, heart disease and high blood pressure are emerging in children and teenagers," Dr Haikerwal said.

"A better understanding of people's eating and exercise habits will help in the fight against obesity.

"But we need a long term commitment to the collection of good data – research free of pressures imposed by the interests of big business.

"The involvement of the food industry in this data collection exercise could compromise the interpretation of the survey results and subsequent recommendations, allowing the industry to better target food advertising at children.

"With the Federal Treasurer taking an interest in preventive medicine, it would have been more appropriate for him to lead the debate and fund the study.

"We must ensure the health of all Australians is at the heart of any such initiative. These are urgent issues that deserve an uncompromised solution," Dr Haikerwal said.

AMA highlights dangers of alcohol during pregnancy

AMA President, Dr Mukesh Haikerwal, said recently that the National Health and Medical Research Council (NHMRC) should revise its guidelines on alcohol consumption during pregnancy.

The AMA made a similar call on the NHMRC just before Christmas last year.

Dr Haikerwal appealed again to the NHMRC this morning as the Salvation Army launched its Alcohol Awareness Campaign, which highlights the risks for unborn children caused when mothers drink alcohol during pregnancy.

Dr Haikerwal said there is compelling international evidence that mothers who drink even small amounts of alcohol during pregnancy could unwittingly harm their unborn children.

"The current NHMRC guidelines do not recommend women in Australia give up alcohol during pregnancy, while the US since 1989 has recommended no alcohol at all during pregnancy," Dr Haikerwal said.

"The US also has health warning labels on alcohol packaging about drinking during pregnancy, and France will probably introduce similar warnings," Dr Haikerwal said.

Thirty years ago, scientists linked prenatal alcohol exposure with a pattern of birth defects, which became known as foetal alcohol syndrome. It includes central nervous system problems, low birth weight, mental retardation and abnormal facial features. Children with foetal alcohol syndrome may have physical disabilities and problems with learning, memory, attention, problem solving, and social and behavioural problems.

Foetal alcohol syndrome has been found in babies born to mothers who drink four to five drinks a day, or who go on binges of extreme alcohol consumption. The risks increase with the amount of alcohol consumed. Further research has shown that the effects of alcohol exposure vary widely. Some babies seem to escape harm, even when their mothers drink heavily, while others are severely damaged due to the effects of even small amounts of alcohol.

It's been shown that possibly just one and a half drinks a week is enough to cause harm. The effect of these low levels of alcohol may be very subtle, with slightly lower IQ or poorer motor skills than normal. Because alcohol affects so many sites in the brain, researchers believe that alcohol is far worse for the developing foetus than any other abused drug.

Dr Haikerwal said Australia is lagging in its response to foetal alcohol syndrome.

"The current Australian guidelines on drinking during pregnancy are not strong enough, and can mislead women to think it's safe to consume alcohol during pregnancy when it clearly is not," Dr Haikerwal said.

"We need the NHMRC to change its guidelines and the community must be educated about the very real dangers to unborn babies of mothers drinking any alcohol during pregnancy."

Doctors best placed to provide medical care for pregnant women

AMA Executive Councillor and obstetrician, Dr Andrew Pesce, said that doctors would accept a greater role for midwives in the care of pregnant women, but only if quality of care was not compromised.

Dr Pesce said Australia's perinatal rates are among the best in the world, with a further 25 per cent reduction in perinatal mortality in the last ten years.

"Any changes to the way care is currently delivered to pregnant women must ensure these high standards are maintained," Dr Pesce said.

"Because of workforce shortages, especially in remote and rural areas, it would sometimes be appropriate for obstetricians to share the care of pregnant women with midwives.

"But we believe obstetricians are best placed to make decisions about standards of care, safety of care, and which women are most appropriately looked after by which practitioners.

"A lot of obstetricians would consider accepting a greater role for midwives in the care of pregnant women, but obstetricians should choose which pregnant women are best suited to that particular care – and be on hand to provide specialised care if there are complications," Dr Pesce said.

In November 2004, the influential and respected Cochrane Review published an international review of evidence comparing perinatal deaths in midwife care birth centres and conventional hospital care.

The review found an 83 per cent higher risk of perinatal death in birth centres in a sample of 8,677 women.

"There is now good quality evidence that the emphasis on low intervention in birthing may be associated with higher perinatal death rates," Dr Pesce said.

"The study also revealed intervention rates in birth centres are only three per cent lower than for births in conventional hospital care.

"Arguments based on significant reductions in caesarean rates and instrumental vaginal deliveries are not confirmed in randomised clinical trials.

"This is borne out in comparisons of national caesarean rates. In New Zealand, where 70 per cent of women are cared for by midwives, the caesarean rate of 23 per cent in 2002 was similar to the rate in Australia, which was 25 per cent in that year," Dr Pesce said.

AMA seeks political support to protect service trusts for doctors and other professions

AMA President, Dr Mukesh Haikerwal, said the AMA is lobbying politicians from all parties to help preserve service trusts as a legitimate means of asset protection for doctors and other professions.

Dr Haikerwal said the Australian Taxation Office (ATO) recently released a draft ruling on service trusts that introduces enormous red tape and bureaucratic obstacles for businesses seeking to justify the existence of a service entity to qualify for an ATO-approved service trust.

"The ATO is on a mission to abolish service trusts by stealth," Dr Haikerwal said.

"It is an attempt by the ATO to tell taxpayers how to run their businesses.

"They are ignoring all previous court decisions on the application of service trusts, and the draft ruling is a complete about-face from their previous approach to the issue.

"Even worse for small business operators, the ATO is seeking to make the draft ruling retrospective.

"The AMA supports efforts to ensure all taxpayers pay their fair share of tax, but these latest changes by the ATO will add unsustainable compliance costs that will force doctors and other professionals to abandon perfectly legitimate practices to protect their assets.

"As far as we're concerned, these changes have been brought in without any knowledge of the complexities involved in running a medical practice or the pressures on the assets of doctors and their families because of factors like medical indemnity.

"The AMA wants the ATO to engage in more detailed consultation with the medical profession before taking this draft ruling any further.

"I know that other professions and businesses share our concerns and they are making those concerns known to their MPs and Senators, just as we are.

"The AMA has already raised the service trust issue with senior politicians and we are pleased at the level of support we have received thus far," Dr Haikerwal said.

AMA seek changes to pharmacy wholesaling

In response to a call from Health Minister Tony Abbott, the AMA has lodged a submission with the Department of Health and Ageing on the issue of Pharmacy Wholesaling, ahead of the conclusion of the Fourth Community Pharmacy Agreement, which the Government expects to achieve before 30 September.

AMA President, Dr Mukesh Haikerwal, said that the AMA has a strong interest in ensuring the Pharmaceutical Benefits Scheme (PBS) remains sustainable and that all Australians continue to have access to affordable medicines.

Dr Haikerwal said the AMA submission is encouraging the Government to strike an appropriate balance between the interests of consumers and distributors.

"Of the wholesaling options put forward by the Department, the AMA supports the option that reduces distribution costs to the minimum, and which encourages innovation competition in the wholesale distribution industry," Dr Haikerwal said.

"Our preferred option recognises the need to provide additional financial incentives to ensure supply to rural areas, and supply of specific categories of pharmaceuticals such as dangerous drugs and low volume medicines.

"The AMA view is that the less you pay on distribution, the more you can pay on the pharmaceuticals that go to the community and actually help people get well or control their ailments.

"It means that quality pharmaceuticals remain affordable and accessible to all Australians, but especially to the poorest and the sickest.

"With the community benefit the priority, our assessment of the options is that Option 1 is the one that has the potential to reduce distribution costs to the minimum, while at the same time maintaining competition.

"Wholesale suppliers do not need to be mollycoddled. Where a wholesaler can provide a better service at a better price, it will win market share.

"In our view it is also the best way to protect and preserve the interests of all Australians, especially those who live in rural and remote areas of the country," Dr Haikerwal said.

The full submission is available on the AMA website at http://www.ama.com.au

Bioethics from the Journals

with Dr Thomas Faunce

- In the wake of inequalities revealed by Hurricane Katrina, the United Nations development Report has criticised the development of a two-tier level of healthcare in the US. It points out that black children in the US are more than twice as likely as white children to die before they are one year old. The report is seen by many as a UN riposte to the attack by US appointee John Bolton who has recommended that the UN move away from attempting to implement the Millennium goals on reducing global poverty and illness.
- GP's have criticised aspects of their Royal Australian College of General Practitioners Continuing Professional Development scheme, because pharmaceutical company representatives at educational meetings routinely highlight positive information about the companies' products and glossed over or suppressed negative information, or information about alternative treatments. GPs are encouraged to attend education meetings through a points system, which facilitates higher Medicare rebates once they have accrued 130 points over a three-year period. The RACGP was also recently criticised for allocating 30 points – a quarter of those required over three years – for a one-day seminar on "GP wealth creation". The Australian September 13, 2005
- Senior executives with six British-based generic drug companies are likely to be charged by the Serious Fraud Office with conspiring to defraud the National Health Service of more than £100 million by rigging the NHS prices for penicillin-based antibiotics and warfarin. 16 company whistleblowers have provided evidence of boardroom meetings that allegedly shows how the companies agreed to fix the prices and divide the profits. The companies are Kent Pharmaceuticals, Norton Healthcare, the Goldshield Group, Generics UK, Ranbaxy Laboratories UK Unit and Regent-GM Laboratories Ltd. Two firms have settled. Generics UK, part of the German drug group Merck, announced in June that it had agreed to compensate the NHS by paying £12 million, although there is no admission of liability. A £4.5 million compensation package was agreed with Ranbaxy, a subsidiary of the India-based Ranbaxy Laboratories, also without admission of liability.
- A recent conference in Sydney held by the National Prescribing Service on PBS information was told that industry claims of "commercial-in-confidence" protection would have to be tempered in the interests of satisfying the right of taxpayers to know the reasons behind PBAC decisions. Proposals were made to link TGA and PBAC evaluation data on a common government website linked to clinical trial and protocol registries. The ultimate quality assurance aim of linking such data with prescription and health outcome (medical records) data was discussed.
- At a recent conference on bilateral trade agreements at Victoria University Wellington, New Zealand the author raised concerns that AUSFTA-derived potential brand-name patent "evergreening" provisions linked with marketing approval would also apply to New Zealand under the new Trans-Tasman Regulatory Agency. Calls were also made to include a "medicines cost effectiveness committee" in the China-Australia Free Trade Agreement.

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Creating healthy professional communities

AMA is once again bringing together leading Australian and international experts on doctors' health to focus on latest developments in prevention and the assessment, treatment and rehabilitation of impaired doctors.

AMA Victoria is hosting the 4th National Doctors' Health Conference in Melbourne on 4 & 5th November 2005.

Keynote speaker is Dr Greg Skipper M.D., FASAM, Medical Director of Alabama Physician Health and a regular speaker on addiction treatment, drug testing, ethics and behaviour among professionals. His topic is Sex, Drugs, Power and the Practice of Medicine

The conference program provides many opportunities for active involvement in discussion and the development of ideas including an interactive symposium A cry for help, special interest workshops for GPs, specialists, psychiatrists, vets and dentists.

Presenters are attending from doctors' health programs in the Colorado, New Zealand, Tennessee, and many parts of Australia and there is a special focus on special needs and issues such as the medical marriage, rural, junior, female and refugee doctors, international medical graduates.

The conference theme is ***"Creating a healthy professional community"*** with two major streams in the program, one focusing on the presentation and interchange of information about existing health programs for doctors and other professionals, the other focusing on prevention of ill-health.

AMA Victoria psychiatry spokesman and conference convenor, Dr Bill Pring said members of the medical community, including doctors, nurses, psychologists and social workers may not be accustomed to seeking treatment for their own health problems.

"The doctors' health conference would play a valuable role in promoting awareness of the importance of maintaining good health and seeking asasistance.

"While doctors and other health professionals face the same stresses as any member of the community, there appear to be cultural issues that increase the risk of doctors suffering from high stress levels despite their knowledge of illness," Dr Pring said.

Full program details and registration forms are available from the website www.amavic.com.au or by emailing ndhc@amavic.com.au or phoning (03) 9280 8722.

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This months Book Reviews

SHAM – How the gurus of the self-help movement make us helpless

Steve Salerno, Nicholas Brearley Publishing: London, 2005

ISBN 1-85788-380-2, Paperback, 273 pp, AUD $26.95

Reviewer: Dr Jeffrey Looi

"Reporter n. A writer who guesses his way to the truth and dispels it with a tempest of words" Ambrose Bierce, The Devil's Dictionary.

This book tilts quixotically at a disparate collection of straw men and snake-oil merchants, that comprise the "gurus" mentioned in the subtitle. Written by Steve Salerno, a former visiting professor of journalism and investigative reporter, it documents what he calls the Self Help and Actualisation Movement, or SHAM. He targets several major US gurus or groups: false prophets (advice gurus with dubious qualifications); Dr Phil McGraw; Anthony Robbins; Sportsthink (the unthinking application of sport psychology to the workplace); life-coaching; and finally, contrepeneurs (gurus drawn from "reformed" or "redeemed" major league criminals). More an exposition than a coherent thesis, Mr Salerno is highly critical of the movement and also perhaps over-attributes various failings/aspects of American society to the effects of the movement.

An example of one of the movements targeted is Life Coaching, which Mr Salerno describes as "…the Dodge City of SHAM". These life coaches provide advice on career, work-life balance, relationships amongst other aspects of life. He asserts that the majority of these coaches have no qualifications in what might be considered cognate and necessary disciplines, such as counselling, psychology or psychiatry. As a psychiatrist who also has undertaken accreditation as a sporting coach (via the Australian Sports Commission, in a specific sport), it seems these "coaches" also lack bona fide sport-coaching experience. Perhaps the most telling anecdote is:

"Indeed, the very first link on www.life-coaching-resource.com, even before the ones that click you through to the coaching help you presumably sought, reads, 'Start your own coaching business.' Imagine consulting a site for medical help and being greeted by the offer 'Would you like to find a doctor… or become a doctor?'" (pg 144)

The information and arguments presented in the book will prove controversial because the level of emotional investment in the self-help movement is so high; reinforced by the psychologically-informed marketing methods; and, because the beliefs are so fervently held. Mr Salerno opines that these supposed motivational and support groups may actually represent what we might call in Australia, pyramid-style schemes. He seems to propose, that under the guise of helping people to "actualize their potential", the movements, in fact, induce a dependency on an ever-escalating schedule of increasingly expensive experiences. For example:

"Consider this description of a Date with Destiny seminar from Robbin's promotional literature 'What if you could experience some of the most important moments of your life in some of the most breathtakingly beautiful resorts…If you could spend a week in the most exclusive company in the world, enjoying Anthony Robbin's most intimate program….' Availing yourself of this particular date with destiny will make $6,995 vanish." (pg 78)

However, this is investigative reporting rather than a scholarly examination and there is a sense that Mr Salerno himself may plays hardball with the evidence he presents.

This is an entertaining book, written with acerbic wit, that may encourage some reflection on the Self Help and Actualisation Movement, which has already migrated to Australia. As Mr Salerno observes, the self-help movement as described may have driven people away from proven psychological and medical treatments, replacing these proven treatments with expensive snake-oil. Finally, Mr Salerno describes an evolution of a SHAM-based society in the US. At least to someone who has just returned from living and working in Los Angeles, it is not clear that all the pleasures and travails of American life can so easily be attributed to SHAM.

For a more scholarly investigation of dubious elements in psychology, readers could try "Science and Pseudoscience in Clinical Psychology" by Scott Lilienfeld et al., Guilford Press: New York, 2004 (ISBN 1-57230-828-1).

Disclaimer by the reviewer, Dr JeffreyLooi:

The author of the review is not a life-coach; he is certainly not qualified in prophesy; but is a partially redeemed purveyor of malapropism.

1421 – The year china discovered the world

By Gavin Menzies

Bantam Books
0 553 81522 9

Reviewer: Dr Ray Cook

Growing up in New Zealand, then living around Australia for thirty years, one came across unexplained mysteries like the mahogany ship of Warnambool, the Chinese jade bird, sea otters, in New Zealand. These mysteries are now explained.

Gavin Menzies is not a professional historian, perhaps that's why his writing is easy to read. Is it this or the book's contents that makes it so fascinating?

Menzies was an R.N. navigating officer, trained and active before the development of GPS. An interest in old maps led him to realise that they were more detailed than explained by the traditional chronology of the European history of exploration.

Further, as he researched, he realised that if one allowed for the problems of measuring longitude then many of the world maps predating Columbus and Magellan were remarkably accurate.

As a result of his researches he argues that in 1421, a fleet was sent from China to explore the world. The Chinese fleet was of huge ships accompanied by traders from other Asian nations so that they numbered in the hundreds.

In the process Zhou Man circumnavigated the world and America's West Coast.

Zhou Wan explored the U.S.A.'s East coast, Greenland and across the top of Russia.

Hong Bao visited South America's East Coast and Antarctica.

There was considerable attrition en route with colonies being formed at shipwreck sites. It is evidence of these shipwrecks and colonies that back his arguments.

Yes, we probably had a colony in Sydney as well as another large shipwreck at Fraser Island. That information on these voyages was then hidden is explained.

I found the evidence and its narration fascinating, there being only a paragraph of two or three sentences in the book that I found too technical. Should I ethically recommend a book too fascinating to put down?

Hannibal

Ross Leckie, Canongate: Edinburgh, 2005 (First published 1996)

ISBN 1-84195-569-8, Paperback, 243 pp, AUD $23.00

Reviewer: Dr Jeffrey Looi

"The war fought by the Carthaginians under Hannibal against the Romans was the most memorable of wars ever waged"

Livy, The War With Hannibal (Quoted by Ross Leckie)

Faced with the competition of the well-translated and produced Penguin Classics edition of the War with Hannibal (excerpted from Livy's History of Rome), Scottish author Ross Leckie's novel has brevity, bravura and brilliance to recommend it. The opening is ample introduction and certainly encourages immersion:

"I am old now and the time of my people has passed. No more will the lineage of Barca fight the Romans whom we hate. The Paradise of Mitra holds all that I have loved, souls whom the River of Ordeal could not scald. Soon I shall join them."

(pg ix, Prologue)

The most striking impression is that of immersion in the mind and experiences of Hannibal Barca, a general of Carthage, who, a brutal master of the scorched earth policy, besieged Rome itself. The book has been painstakingly researched, yet bears its erudition lightly. Written in a lyrical, epigrammatic style, the novel flows like water careening down a ravine. This scene occurs as Hamilcar, Hannibal's father, lays mortally wounded, having rescued Hannibal from a rout:

" 'Is it done, Hannibal?' A whisper and yet strong. I nodded and my eyes filled with tears, as they do now, and I was not eighteen but a boy who wakens in the night and is afraid. He drifted from me as the sun burned and the kites wheeled overhead….He raised his head and held my eyes. 'Rome, Hannibal, Rome!' he said to me, death rattle in his throat, and he who was my father died."(pg 73)

Mr Leckie captures the education and heritage of the Barcas, foremost of the ruling families of Carthage; itself a merchant empire perched on the Northern tip of Africa. He describes the bloody hatred, political maneuvering and military strategies that drive the war between the declining Carthiginian empire and the fascist Romans. There is a crisp window into Hannibal's education via Silenus, a Greek slave who serves as Hannibal's tutor. The brutality of battle and retribution is rendered crimson against the blackness of the background events of betrayal, rapine and murder. The strategic and tactical descriptions are complemented by the sharp delineation of the exigencies of commanding a mercenary army with dwindling pay. Events course inexorably and with bleak bitterness to the siege of Rome.

This book is masterfully written, and, perhaps, the only weakness is the shadowy depiction of Scipio Africanus, the Roman general who was Hannibal's nemesis. Presumably this will be addressed in "Scipio" and "Carthage", also, by Mr Leckie. Exciting and engrossing, this book could make a good present for the festive season, at least for armchair historians/generals or closet classicists.

Surgeons waiting times now on website

In another move to increase information available to ACT residents and the accountability of health services, the ACT Health Minister Simon Corbell recently announced that the waiting times for ACT surgeons for elective surgery were now available on the internet.

"This is the first time that ACT Health has publicly reported waiting times for surgeons," he said.

"This will allow GPs and consumers to view the waiting time of individual surgeons at both public hospitals in the ACT.

"Consumers, in consultation with their GP, will then be able to make an informed choice on specialist referrals."

Mr Corbell said the Auditor-General's Report in 2004 had recommended the publication of waiting times by surgeon and that this information was already published in NSW and WA.

He said the waiting times would be based on the latest available data and would be updated monthly.

"We consulted broadly before deciding to publish surgeons' waiting times on the web site," Mr Corbell said.

Public reporting of waiting list statistics began in August 2003. This information detailed monthly waiting list activity and quarterly waiting times (50th and 90th percentiles) for commonly performed procedures and for each surgical specialty.

The waiting times for ACT surgeons for elective surgery is available on the ACT Health Internet site: http://health.act.gov.au under ACT Health news.

Invitation

King Financial Services are pleased to invite AMA Members and their partners to…

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Paul Clitheroe, was host of Channel 9's "Money" program from 1993 to 2003. He continues to make regular guest appearances on television and his "Money" tips run daily on over 80 radio stations and he is Chief Commentator of "Money" magazine. His Books have sold over 750,000 copies, a rare achievement for an Australian non-fiction author.

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The Fulbright Experience: A Canberra Doctor at UCLA

Dr Jeffrey Looi has returned from six months as a Fulbright Visiting Scholar at the Department of Neurology, David Geffen School of Medicine, University of California, Los Angeles. Aspects of the research he conducted were recently featured in the 2004 Annual Research Review of the Australian National University. He has also recently commenced as Chair, Subcommittee for Advanced Training for Psychiatry of Old Age, which oversees the bi-national advanced training program in geriatric psychiatry and Treasurer, Section of Neuropsychiatry for the Royal Australian and New Zealand College of Psychiatrists. He writes here about the professional and cultural experience of living and working in LA.

The following is Jeffrey's account of his experiences as a Fulbright scholar in LA.

The Beginning

With the encouragement and support of Dr Perminder Sachdev, Professor of Neuropsychiatry, UNSW, I have been involved in the analysis of structural MRI brain scans (T1, T2 & FLAIR) in the NHMRC Sydney Stroke Study since 1998. This has resulted in a significant chunk of my life being devoted to sitting in a darkened room painstakingly analyzing slice by slice the entire data file for an MRI (not to mention blurred vision, neck-ache and muscle aches and pains – without even the compensation of having engaged in some vice!)

In parallel, I have continued my clinical research interests in the brain-behaviour relationships of the neurodegenerative diseases of ageing, chiefly, the dementias, Parkinsonian syndromes and stroke. Together with Dr May Matias, I established a neuropsychiatric movement disorders clinic for research and treatment of the neuropsychiatric manifestations of Parkinson's disease and related disorders, since moving to Canberra. This trend of geriatric neuropsychiatry has continued such that, a respected colleague, Dr Chanaka Wijeratne, once joked "You're not really an old age psychiatrist, you're a ring-in neuropsychiatrist". To which I replied: "Well, I'm a geriatric neuropsychiatrist."

As my long-service leave approached, I began planning to further develop clinical research skills in automated (and arguably less time-consuming) methods of neuroimaging analysis. As a very long shot, I applied for, and was awarded, an Australian-American Fulbright scholarship to undertake the research at the Laboratory of Neuro-Imaging, UCLA.

Following a comprehensive physical with my GP, it was onto the American Consulate in Sydney for fingerprinting andeven more comprehensive security checks. My ingerprints were stored and I was verified as the owner of the fingers on my arrival in the US. I was also the proud holder of a J-1 visa, which I was required to keep on my person at all times - in case it was demanded by US immigration and naturalization service (INS) officers.

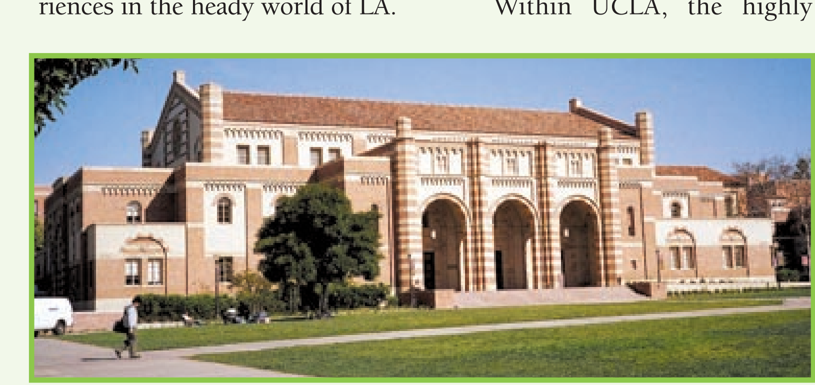
The Fulbright Community

What was originally planned as an apprenticeship in advanced methods of neuroimaging analysis became much more.

First, was the induction into the community of the 2004 Fulbright Scholars. We met at the Awards Ceremony held in the Great Hall (where I had undertaken medical student exams) of Sydney University in May 2004. Meeting former and current Fulbright Scholars left me somewhat breathless and dazed, particularly in their embodiment of intellectual rigour, courage and community commitments.

Once in LA, there was the Visiting Fulbright Enrichment Program, steered very ably by Ann Kerr at UCLA. Here I had the pleasure of meeting and attending educational/cultural events with scholars from Pakistan, Colombia, Yemen, Germany, Slovakia, Thailand, and the Philipines as well as from other countries. We visited the Jet Propulsion Laboratories (NASA's HQ in California); Caltech; visited the mysterious think-tank RAND Corporation; asked the Editors of the LA Times about how they tried to cover Governor Schwarzenegger; attended the LA County Museum of Art; and enjoyed Ann's hospitality at her home in hills of the Pacific Palisades overlooking Santa Monica.

It was also very stimulating to discuss professional life, research, scholarship and the experience of living in the US with these colleagues. Towards the end of my stay, the circle began to close as I met with Mark Darby, the Executive Director of the Australian-American Fulbright Program, an incoming scholar, Leah Curtis and a PhD scholar from Australia, Rebecca Sheehan. It was great to share Australian perspectives on LA as all of us had considerable contact and/or had lived in LA. From this meeting, an unexpected gain was the development of an exchange of writing (fiction and non-fiction) of experiences in the heady world of LA.



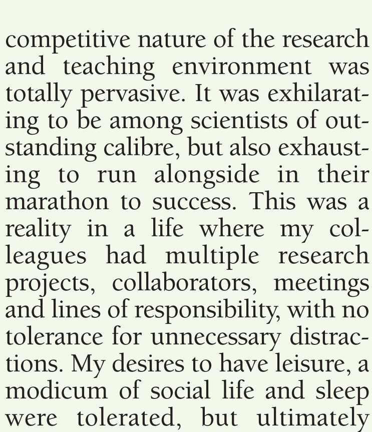
Working at UCLA

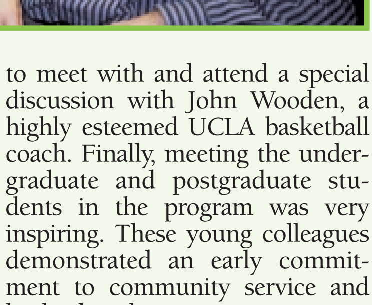
My host was Dr Arthur Toga, Professor of Neurology, and director of the Laboratory of Neuro Imaging (LONI), within the department of Neurology, David Geffen School of Medicine, UCLA. This was a lab in which 60 researchers worked , whilst the Neurology Faculty numbered about another 60. (to give an idea of scale, this is approximately the complement of the entire faculty of some Australian medical schools). Eileen Lueders, a graduate research student in neuroscience, was my guide and base within the lab, as an aside to her publications in Nature Neuroscience and the like. My main collaborator, Dr David Shattuck, Assistant Professor of Neurology, rescued me from the decommissioned, airless, stainless steel freezer that was my office for my first six weeks, in a move known around the lab as the "Shattuck Redemption".

Dr Shattuck, an electrical engineer, and I began working on analysis of magnetic resonance imaging (MRI) brain scans from the National Health and Medical Research Council Sydney Stroke Study (Principal Investigator, Professor Perminder Sachdev). We made considerable advances, Dr Shattuck using his automated brain imaging processing and visualisation expertise, and validation of methods with reference to clinical expertise from myself. I learned the excellent science behind automated imaging analysis, watched Dr Shattuck program software based on his science as a creative process and ran the programs comparing the methods with physician observation.

By studying diseases of white matter, we can better understand the circuitry of the brain and the consequences of damage to this circuitry. We worked on the research and development of new methods for automated image analysis of white matter disease in MRI brain scans. We analysed the brain scans of survivors and healthy elderly control subjects drawn from the NHMRC Sydney Stroke Study, a long-term follow-up study of people who had suffered strokes requiring admission to hospital. This was acollaboration between the Australian National University, University of New South Wales and University of California, Los Angeles.

Within UCLA, the highly





competitive nature of the research and teaching environment was totally pervasive. It was exhilarating to be among scientists of outstanding calibre, but also exhausting to run alongside in their marathon to success. This was a reality in a life where my colleagues had multiple research projects, collaborators, meetings and lines of responsibility, with no tolerance for unnecessary distractions. My desires to have leisure, a modicum of social life and sleep were tolerated, but ultimately considered risible.

Collaborations, education and volunteering

I also had the opportunity to visit Dr Dilip Jeste, Professor of Psychiatry and Clinical Neurosciences (UCSD) at the Sam and Rose Stein Institute for Ageing which he directs, based at the VA Medical Centre, in La Jolla, San Diego. This was an opportunity to see Dr Jeste and his colleagues' work on healthy ageing, being conducted in selected communities in San Diego, as well as to discuss opportunities for collaboration.

With my colleague Eileen Lueders, I participated in the Bruin Leadership Program, a leadership training program that taught the skills of leadership in parallel with hands-on community service at UCLA. One memorable question I was asked in a seminar was: "What part of Texas do you come from?" I was informed my accent was Texan in nature and dutifully replied "Very southwestern Texas". I was later asked which part of London, UK, I hailed from, which is, at least, a place which I have visited. Nonetheless, it is still better than the remarks about not looking particularly Austrian.

Whilst colleagues such as Eileen served in volunteer work with children in the hospital, reading groups or tutoring, I was involved in coaching sport formally and informally (at local sports clubs and at the University's John Wooden Recreation Centre). Others such as UCLA Olympic Taekwondo team Captain Sean Yee were involved in working with disadvantaged children teaching martial arts or others volunteering with a women's refuge. It was a privilege to meet with and attend a special discussion with John Wooden, a highly esteemed UCLA basketball coach. Finally, meeting the undergraduate and postgraduate students in the program was very inspiring. These young colleagues demonstrated an early commitment to community service and leadership that serves as an example for some of us a little older.

Living in LA

The suggestions I would give to a prospective scholar/professional from Australia planning to go to LA could be summarized in a short phrase: constantly work on maintaining your mental and physical health at all times.

Los Angeles is labyrinthine in the complexity of work, academic, personal and social life, seemingly due to the "spin" imparted by the concentration of brilliance and glamour of Hollywood. The dark side of this relentless pursuit of excellence is in the collateral damage of infinitesimal time for leisure or social interaction, unless you burn the candle at both ends. A dinner is not a pleasant social gathering with friends, but an opportunity for networking and, spending time with your friends is time wasted (from getting that research done at work). Friendship is much harder to win in this pressurized environment, and my impression was that many people were quite lonely, so you will have to keep working at any friendship that is more than superficial (which is common). I suspect this will be easier for those staying longer, due to Angelenos being accustomed to people coming and going (and therefore shying away from being too attached or involved).

It is important to balance the hard work with hard play and "down" time, to maintain your health and integrity. The importance of sleep, a very precious commodity in a town with so many divertissements, cannot be underlined enough. Practically, a healthy lifestyle could be maintained by accessing the main opportunities for sporting/exercise and cultural events. For example, in summer, you could use the late sunset to walk/ride/rollerblade around Santa Monica beach with friends (Venice can be unsafe at this time); attend yoga/fitness

Fulbright continued...

classes; and/or watch a movie at the cinema or attend a concert at the Hollywood Bowl. At any time, if your credit/finances hold, you can go shopping (though this is probably perilous). For all of these adventures, you will need a car, however. This is probably mandatory if you are studying/working in the research field as you will inevitably be working late (12-18 hour days being not uncommon), and will need transport home, unless you find a colleague able/willing to give you a ride (as I fortunately was for a couple of months). Perhaps you will find this unlikely, due to traffic problems and the different places in which people live. You should really have a cellphone for safety (in emergencies) and social interaction (to link up with your endlessly mobile friends/acquaintances).

Administration/Living Tips

Housing in Los Angeles can prove extremely difficult, due to the aggressive nature of negotiations for leases and the fact that the minimum period is one year, no exceptions. Short of that, you have to book hotel/serviced apartment accommodation at exorbitant rates. The UCLA campus/off-campus housing has a very lengthy waiting list. Most of my colleagues at UCLA rented housing either nearby, at rather high rental for relatively modest accommodation, or chose to commute from as far away as Pasadena for better living conditions. As far as I could ascertain, few could afford to purchase an apartment or house.

I was fortunate to live in a serviced, very expensive, furnished apartment in Santa Monica, with easy public transport, school and shopping access. Mostly, Santa Monica is very safe, the downside being the expense of the accommodation. There is an independent community feel to the "Republic of Santa Monica", once more artistic and bohemian, but now increasingly gentrified, by those leaving Beverly Hills or wealthier enclaves. Many homeless people gravitate to the area due to the weather and relatively better support from the community, although professionally, some of these people are quite mentally unwell and my only brushes with attempted assault were from the homeless in Santa Monica. It is also great to be able to access the beach, which of course, is better in summer and of course crowded with tourists from abroad and the greater LA region. Shopping for clothing, books and banking is fairly convenient and straightforward along the Third Street Promenade area of Santa Monica.

The cost of living is very high and can be offset by buying in bulk (not a problem in LA), using discount coupons and surfing the net for the best prices. Food is surprisingly expensive. Clothing is good quality. Entertainment is not in short supply, though primarily concerts, performances, cinemas and there is always window-shopping. There is also the theatre scene, orchestral performances and a multitude of galleries. You will also have to "get over" sighting, talking to, being accosted by, celebrities: in my humble wanderings I encountered many actors/actresses/directors/producers or those who wanted to be such. For example, I encountered luminaries such as Brian Grazer, producer; Liv Tyler, actress; Samuel L. Jackson, actor; Gary Sinise, actor; Paris Hilton and her cheekbones; amongst others during my wanderings. Sadly, despite this, I just wasn't able to break into acting.

Finally, transport deserves a paragraph in itself. I would highly recommend purchasing, hiring, or sharing an automobile. It is very difficult to enjoy social, cultural or tourist pursuits in a city designed seemingly deliberately to exclude public transport. Vehicle access can be the difference between social isolation and interaction, as evening travel on public transport, including taxis can, at times, be unsafe. It is therefore better to live closer to your educational institution/work-place, although this can result in a somewhat insular experience, unless you have a car. Even so, traffic snarls are very common, ranging from tens of minutes to hours and the freeways are similar to raceways (just try changing lanes). More disturbing was the almost nightly occurrence of a freeway pursuit by the LAPD, reports of shootings on the freeway or similar misadventures.

Overall

The Fulbright experience has encompassed so many rich adventures that it will be many years before I can fully determine the effect on my personal and professional development. It is with an enriched sense of hope, commitment and both local and international community that I look forward to a life back here in Canberra and Australia. Now, I am beginning to understand the meaning of Senator Fulbright's words:

"Our future is not in the stars but in our minds and hearts. Creative leadership and liberal education … are the first requirements for a hopeful future for humankind."

Senator J. William Fulbright.

More details on the Fulbright program can be found at www.fulbright.com.au

AMSA leadership seminar

Canberra was covered in fog on the 7th of September. We know because along with two of our fellow ANU students we were up bright (well, it was actually quite dark due to the aforementioned fog) and early for the first day of the inaugural AMSA Leadership Development Seminar, held at Parliament House.

Maurice Le Guen, Professor Fiona Wood, Melanie Olding, Philippa Drury and Deanne Sceales.

Having traveled the entirety of 8 km to Kingston to book into the hotel for the 3 day seminar, we promptly spent the next hour waiting for the other delegates from around Australia and New Zealand to arrive whilst they slowly circled the sky waiting to land at Canberra Airport. In retrospect, we should have used that hour more constructively, perhaps sleeping, as it was one of the few opportunities we would get for some R & R time in the following days.

With the fog finally out of the way (I believe the technical term is cleared), the normal greetings and pleasantries exchanged, the 70 delegates tumbled onto an ACTION bus, ensuring the 'cool' group was sitting on the backseat, (a throwback to highschool days) and were ferried off to Parliament House to meet and greet some of the most renowned political figures in Australia today.

The theme for the week was leadership with an emphasis on addressing major health issues, developing visions of medical leadership and training in campaigning, media skills and committee representation. The keynote speakers for the week included the likes of The Hon Tony Abbott, the Hon Dr Brendan Nelson, Julia Gillard MP, Professor Fiona Wood, Professor John Horvath, Peter Garrett MP and journalist Matt Price.

Highlights from the first day of the conference included the address from the colorful Bob Katter MP, who insisted doctors should never be embarrassed about the amount of money they earn, (perhaps before the medical indemnity crisis?) and an insight into the world of journalism from Laurie Wilson and the AMA's director of public affairs, John Flannery.

Dr Brendan Nelson focused on the characteristics of good leadership, the importance of AMSA in the light of VSU and medical student education. Whilst reinforcing these points Jenny Macklin, Deputy Leader of the Opposition, regaled the seminar with some of the more amusing aspects of being a female politician in the testosterone dominated arena of politics.

Day one culminated in a sophisticated cocktail party attended by approximately 50 members of Parliament and 70 student delegates, with the tone of the evening quickly degenerating with the introduction of karaoke at one of Canberra's infamous parliamentary hangouts.

The resultant headaches of the next morning, compounded by an early start, quickly dissipated with the enthusiasm of the morning's speakers. Peter Garrett exhibited the "power and the passion" of good leadership whilst Australian of the Year in 2005, Professor Fiona Wood inspired us with her humility, zeal and overwhelming motivation. The female contingency of the delegation were particularly impressed with her ability to combine work and family life into such a successful career. After this motivational address the following speaker had some big shoes to fill! Given a much tougher task of running a workshop that encompassed how to be a good leader, deal with the media and engage an audience, Professor Michael Kidd, President of the RACGP, was equally motivational. Focusing on the 4 C's of leadership – commitment, conscience, compassion and courage, his address broached not only the big picture of leadership, but also included a number of useful tips and pointers on how to run meetings, generate teamwork and communicate effectively with stakeholders.

Following a brief tour of Parliament House the delegates then attended a robust parliamentary Question Time where 4 alternate C's of leadership dominated – cajoling, crassness, criticism and cowardice. Bewildered and a little confused, Andrew Laming MP, responded to a number of the delegates misgivings in relation to the culture of Question Time by assuring us that it is only one aspect of the political process and by no means the most important. That evening, the AMA hosted a cocktail party for all delegates at University House with Dr Mukesh Haikerwal, President of the AMA, providing the opening address and some handy tips on his leadership style.

The final day was once again greeted with some bleary eyes and sore heads (the Ashes were coming to an unfortunate conclusion). Professor Ian Anderson and Waga Bagul Dunden from the Australian Indigenous Doctors Association kick started the morning with an Indigenous Health theme. Julia Gillard followed with some of the main policy issues affecting the medical workforce. As Shadow Minister for Health she obviously has her finger on the pulse of medicine in Australia and was amicable and supportive both in answering our questions and in forgiving us for our hangovers.

The conference culminated in the standard presentation of certificates, donning of trendy AMSA polo shirts and the obligate group photo. All of the participants felt the seminar was an immense success, providing the delegates with inspiration and invaluable practical skills which we will be able to implement in our respective medical schools and future careers as doctors.

Maurice Le Guen – ANU Medical Society AMA/ AMSA representative to the ACT AMA Branch Council

Deanne Sceales – ANU Medical Society Second Year representative

The ANU delegates, Philippa Drury, Maurice Le Guen, Melanie Olding and Deanne Sceales would like to thank the ANU Medical School and in particular Professor Paul Gatenby for providing us with financial support to attend the seminar.

Stroke Kit Launch

The Stroke Kit for patients was launched in the ACT at The Canberra Hospital last month.

At the launch, Associate Professor, Christian Lueck, pointed out that stroke is common, with 60% of patients surviving the event, half with a deficit.

The Stroke Kit is designed to help the patient who has had a stroke through the process of recovery, based on the experiences of other survivors. It collects and encourages positive thought processes as well as providing a source of resources for the stroke survivor. One tends to forget, thought, events, helpers, Stroke Kit and advice, but this also helps as a record. The intention is to give the Stroke Kit to patients soon after their admission. Colin Andrews set me on such a path telling me to write my article, for which I am grateful.

Developed by the National Stroke Foundation, I commend it as an advance for patients.

Ray Cook

Have you lodged your annual medical registration renewal?

If not, read on –
Under the Health Professionals Act 2004 (HPA), practitioners must apply for renewal of registration. The application includes a series of questions which need to be answered, however no supporting evidence needs to be provided to the Board when lodging the application.

Should you be unsure of how to respond to any of the questions, it is recommended that you lodge your application as soon as possible to allow the Board the opportunity to consider your individual circumstances and **respond before the due date of 30 September 2005.**

NO SECOND NOTICE WILL BE ISSUED BY THE BOARD. If you have misplaced the original renewal application please contact the Board's Secretariat on 6205 1600 to obtain a replacement. **Under the new legislation you must pay the required fee by the due date of 30 September.**

Late fees: A late fee of **$200** (in addition to the annual renewal fee) applies for renewal applications received during the period 1 to 14 October. After that, the names of practitioners who have not paid will automatically be removed from the Register.

Retrospective Restoration to the Register: Should you not pay the annual renewal fee and practise beyond the removal date, your name will need to be restored to the Register in order for your patients to claim the Medicare rebate. To obtain retrospective re-registration, you will need to apply for initial registration, produce all supporting documentation and wait for the next meeting of the Board to approve your registration. **A fee of $600 applies.**

Table of Fees

- $300.00 – General registration.
- $100.00 – Non-practising registration (no practise, no prescribing and no referrals permitted).
- $100.00 – Limited registration with conditions (not practising for fee or reward, allows limited prescribing and referrals).
- $200.00 – Late payment fee if renewal application received after 30 September but before 14 October 2005.
- $600.00 – Retrospective General Re-registration.

Further Information

Further information on the provisions of the HPA may be found on the ACT Legislative Register which may be found at www.legislation.act.gov.au Information on the Board's processes may be obtained by contacting the Secretariat on 6205 1600.

GP bulk billing in the ACT continues to be the lowest in the nation

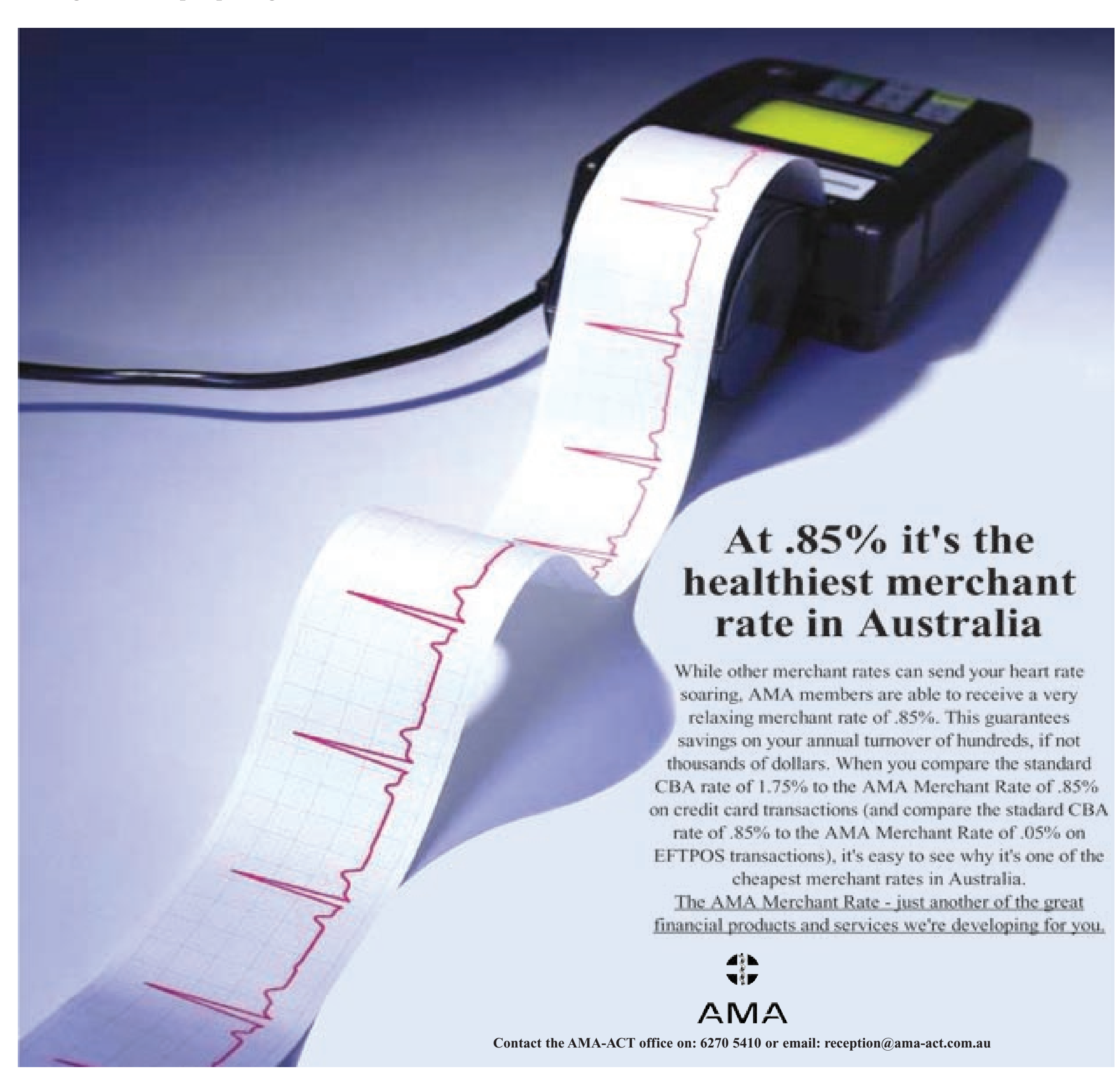
According to recent figures released by Health Minister, Tony Abbott, the nation's bulk-billing rate has almost reached 75%. Mr Abbott attributes the growth to be the result of the Australian Government's measures to strengthen Medicare.

Australia's GP bulk-billing rate reached 74.8 percent in the June quarter, the highest level in almost four years. The bulk-billing rate for people aged over 65 years increased to 85.5 percent, the highest since the September quarter 1999.

Three out of four people are now bulk billed when they visit their GP and more than eight out of ten children and older Australians are now bulk billed", said Mr Abbott.

Bulk-billing rates around the country are now 81% in NSW, 73.7% in SA, 72.4% in Queensland, 72.1% in Victoria, 70.3% in WA, 67.9% in Tasmania, 61.6% in the NT and 42.1% in the ACT.

"The most significant increases have occurred where the government has targeted incentives. For instance the bulk billing rates in rural and regional areas have increased substantially, as well as the rate of bulk billing for those who need it most, children and older Australians," Mr Abbott said.



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Australian Muslim doctors speak out against violence

A group of Sydney doctors of Muslim background have formed a coalition to educate the public, because of their concerns that if a terrorist attack is perpetrated on Australian soil, the local Muslim community may be blamed.

The spokesman of Australian Muslim Doctors Against Violence, Dr Nabeel Ibrahim, said the group was also motivated by the ineffectiveness of the leadership within the Muslim community, which had been compounded by the "unhelpful" remarks of some controversial Muslim figures.

He said there was also an apparent unwillingness by state and federal political leaders to calm down the fears of the general community.

After just five weeks, the coalition has 63 members from a range of specialties, and wants to include like-minded Muslim doctors and medical students from all over the country.

Dr Ibrahim said the coalition was driven by its concern for Australia and its citizens.

"Our professional vocation as people in the business of caring for humans and their suffering, of saving and preserving life seemed paramount…Our position of respect in the wider community as well as in the Muslim community and our ability to engage with all stakeholders…was a motivating fact," he said.

Dr Ibrahim said that the original 33 members of the coalition had written to the Prime Minister and then-Premier Bob Carr "clarifying many points of misconception and misunderstanding regarding the Muslim community."

In a letter dated 24 July, they requested a summit or forum, including all relevant groups, not just religious leaders, to seek a solution.

"We also declared our unconditional rejection of all acts of violence and pointed out that those who committed criminal acts are eccentric to Islam and Islamic values of love, tolerance, justice and morality," he said.

The doctors have also written to several peak Islamic bodies and are engaging in discussion with them about how to make Australia safe from terrorist attack.

Dr Ibrahim said this discussion included encouraging those bodies to reform in structure and application of leadership, paving the way for more participation by young Muslim men and women.

The group is also working with the media to promote understanding and build bridges between Muslims and the wider community. Dr Ibrahim appeared on SBS's Insight program in August, putting forward the views of moderate Muslims in a studio debate about what Australia's Muslims really believe about suicide bombers

If you would like to join the group or find out more, please contact Dr Ibrahim on 0409 392 033 or email dri@zip.com.au

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Canberra Doctor COMPETITION WINNER

The winner of the winning caption last month was **Dr Ruby Curtis of Cooma**, who also correctly identified the three Canberra Public Hospitals.

They were Calvary Hospital in Bruce, The Canberra Hospital at Garran and the QEII Home for Mothers and Babies at Curtin.

Congratulations, Ruby – a small gift is on its way to you!

THIS MONTH'S COMPETITION

is to correctly link the services below with the corresponding cost.

Answers next month – enjoy this one!

(draw a line to link the correspondng service & cost)

Service	Cost
eg - GP Level A service (in rooms)	$26.20
GP Level B service (in rooms)	$190.00
GP consultation of between 30 and 45 minutes	$55.00
GP consultation between 45 and 60 minutes	$120.00
One hour driving lesson	$54.00
Style, cut, shampoo and colour hair	$100.00
Carpet clean 3 bedrooms and living room	$60.00
Teeth clean and polish by dental hygienist	$35.00
Basic car service	$122.00
Mobile dog cleaning service	$190.00
Call out for repairs for dishwasher	$180.00
Hourly cost of repairs (plus parts) for dishwasher	$60.00
Dental checkup	$164.00
One hour "Swedish" massage	$50.00

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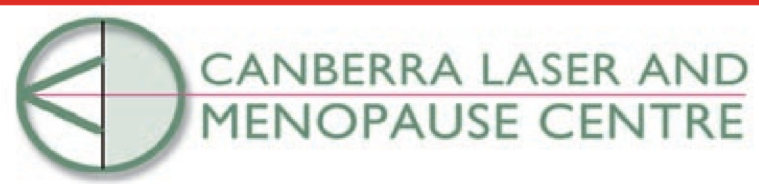

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