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Dr Julie Hewitt, President of the Medical Womens Society,
Dr Bob Allan, President of the Canberra Medical Society and
Dr Paul Jones, President of the AMA ACT
invite you to attend the

2008 Canberra Medical Ball

Date: Saturday 21 June 2008
Venue: Members Dining Room, Old Parliament House
Time: 7pm to midnight
Cost: \$135 per person (inc GST)
Dress: Formal
Band: Touche

RSVP by Monday 16 June 2008.
Please note acceptances will not be taken after this date

Cheque to AMA ACT, PO Box 560 Curtin ACT 2605 with names of attendees OR credit card charge by phone to 6270 5410 OR electronic banking to AMA ACT BSB 06 2905 Account: 10074681

Note: please leave your name as ID on bank details and send email to accounts@ama-act.com.au with names of all attendees

There will be two auctions - one live with three items - and a silent auction. Proceeds to charity.

For further information on the BALL, see page 4

Dr Iain Stewart | Dr Malcolm Thomson | Dr Rajeev Jyoti | Dr David McKenna | Dr Rauf Yousaf | Dr Robert Greenough | Dr Paul Sullivan | Dr Fred Lomas



Thank You...
NCDI would like to thank our referrers for bearing with us during our RIS/PACS upgrade over the last couple of months. We take great pleasure in now providing one of the most advanced integrated digital imaging and reporting systems in Australia! We hope over the coming months, you come to appreciate the advantages it provides as much as we do.
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AMA ACT President's letter

This is an edited version of the address given to the recent AGM of the AMA ACT.

Thank you Andrew, and in particular, thank you to the AMA ACT membership which has done me the honour of entrusting the Branch's leadership to me for the next two years.

I'd first like to pay tribute to Andrew Foote, who has led this organisation during a very challenging time. It seems every president holds office during challenging times. As you've heard from the treasurer, we are in a steady position financially but have significant challenges ahead of us.

As a small branch of the larger national AMA we remain at the mercy of our small membership base when it comes to providing services to our membership and I believe we will need to continue to foster the relationship with our federal and interstate colleagues to maintain, and in fact grow, the mutual benefits of our organization.

There are a number of major challenges ahead for us as a branch and for our profession generally.

It's often been said, but bears repeating, that every doctor in Australia, even our most strident critic, is a member of the AMA, enjoying its hard work in many ways, from excellent VMO contracts to time saving changes to PBS authority arrangements for GPs, from better terms and conditions for our young colleagues to better medical indemnity arrangements for all of us. However, only a third of Australia's doctors actually pay for the AMA to continue to be the independent voice the profession always needs. I urge all of you to "talk up" the AMA to your colleagues, your friends, your family and your patients at every opportunity. It is, I believe, vital that we maintain our viability and our influence.

We are entering difficult times for the profession politically. Our position caring for our patients is under siege on all sorts of fronts, from task and role substitution, physicians' assistants, nurse practitioners and all the others who watch us make what we do look easy, then delude themselves they can do it better, or more cheaply or without us altogether.

I think we are in for a tough fight over national registration and accreditation, and accreditation! The professions role in set-

ting the standards for care of our patients will be under attack. The very body to be set up to oversee the whole process will be chaired, under the terms of the agreement already signed by all the health ministers, by a person who must not be a currently practicing health professional or have been one in the preceding five years. Extraordinary! The implications are breathtaking! The person chairing this peak body will by definition be out of touch with medical or any other health practice! We will, I'm sure, be having some lively discussions with the ACT Health Minister, the Human Rights Commission and with the Medical Board.

We have real challenges ahead of us in training and nurturing the next generation of our profession. The "tsunami", as they've been dubbed, are coming, and it's clear to me that far too little thought is gone into how, where and by whom they're to be trained, and what their terms of employment may be in future. It seems to me to be an amazing waste to have very bright (as I'm sure any of you like me who've had students with them will agree they are) extremely motivated people at the end of seven years obtaining double degrees not guaranteed

intern places. Still, that prospect is a very real possibility within the next year or two.

We also face major challenges in steering debate and influencing policy on the major changes ahead of us in the health system generally. We shouldn't be simply negative, but we also shouldn't let governments off the hook when they try to cover hopeless policy failures from the past by making system change for change's sake. Fundholding, redefinition of roles and universal government-held medical records are only some of the possible "solutions" already being offered up as panaceas. We should be very alert to the "right solution for the wrong problem" answers which are so prevalent in health policy debate.

We are all aware that the three most commonly used indicators used in the public arena, particularly in the media by politicians, are bulk-billing rates, emergency department waiting times and waiting times for elective surgery. We are all also aware that not one of these is an indicator of health! They are in fact just indicators of failures of policy in other areas. I find it interesting that we hear politicians and other commentators treating them as an end



Dr Paul Jones.

in themselves without addressing the underlying problems. Both ED and elective surgery waiting times would be substantially less if there were more beds "upstairs".

Locally we are in an election year and most of you are well aware of the many issues we face as a profession. I'm looking forward to having an opportunity to contribute to the debate in all of these areas and am looking forward to hearing from all our members who may want to bend my ear. Please take the time to give me feedback. I can be emailed on president@ama-act.com.au or get my mobile number from the secretariat and tell me what I need to know. Thank you.

The cold hard truth about 'ice' and 'speed'

AMA Position Statement on Methamphetamine

The Australian Medical Association has claimed that methamphetamine users were being put in the too-hard basket and has called for an overhaul of how the health system deals with this very difficult drug problem.

AMA National President, Dr Rosanna Capolingua, released the AMA Position Statement on Methamphetamine from Royal Perth Hospital and said methamphetamine users who were often aggressive or in a psychotic state were ending up in emergency wards or in police custody.

Dr Capolingua said emergency department staffs were increasingly being placed in harm's way when it came to methamphetamine users.

"Methamphetamine use is an urgent and pressing health

problem that is creating a serious safety issue for health care staff," she said.

The AMA is calling for all emergency departments to have a specialist drugs liaison officer to engage and support methamphetamine and other drug users.

Dr Capolingua said using methamphetamines may produce an initial sense of wellbeing and euphoria but dependence on this harmful drug can lead to methamphetamine-induced psychosis. Three in 10 users will experience psychotic episodes with paranoia and hallucinations.

"Methamphetamine should never be referred to as a recreational, soft or party drug. It's a harmful drug at the community and individual level. More than three-quarters of dependent users suffer serious mental health problems such as agita-

tion, aggression, depression and anxiety," Dr Capolingua said.

A recent Western Australian study found that amphetamine-related presentations accounted for 1.2 per cent of emergency department cases.

Dr Capolingua said many agitated or psychotic users brought into emergency wards were often drunk as well – increasing the risk of aggression towards staff and creating clinical management challenges.

"Symptoms usually last two or three hours but users often need to be hospitalised for their own protection and the safety of others. A third require sedation and intensive treatment which obviously takes up considerable hospital resources," she said.

Further research is also needed into methamphetamine-related problems in emergency departments, best practice in treatment, and what services are

required to avoid hospital admission or police custody if a patient is not psychotic. The AMA believes low-intensity, supervised hostel-type accommodation may be suitable.

The AMA is also calling for:

- A renewed, comprehensive and sustained public education program on the social and health consequences of methamphetamine use;
- A sustained investment in GP training on how to engage drug users for lifestyle change; and
- More generic programs such as Life Skills, which are aimed at young people.

Background facts

Around three per cent of Australians over the age of 14 use the harmful drug at least once a year.

There are approximately 73,000 dependent methamphetamine users in Australia com-

pared to the 45,000 regular heroin users.

Methamphetamine is a stimulant drug available in various forms:

- Powder or 'speed' is usually of relatively low purity and can be snorted, injected or taken orally;
- Methamphetamine base, a damp oily substance, is of higher purity and typically injected; and
- Crystalline methamphetamine, colloquially known as 'crystal' or 'ice' is methamphetamine in its purest form. Ice is usually smoked or injected.

Pseudoephedrine, available from pharmacies as a symptomatic treatment for the common cold, is the usual base for the illicit manufacture of methamphetamines.

The AMA Position Statement can be found at: www.ama.com.au/web.nsf/doc/WEEN-7E584X

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Theatre review

“AS YOU LIKE IT”,
Bell Shakespeare
Company, Canberra
Theatre, May 2008

Reviewer: Linda McHugh
"As You Like It" was loads of fun. The best balanced cast I have seen in a Bell Shakespeare for some time - the only Bell Shakespeare I've seen for some time because a few years ago I'd had enough of hoping this one might be better... And I gave up going.

This one was so much better - and directed by Bell himself (that was not a plus before I sat down)! It's a weird play I think - I mean it's not really about anything (that I can tell) it ranges across all sorts of subjects - gender politics, love (of course), philosophy and greed - and gets nitty gritty about some, keeps returning to others and merely glances over a selection - like environmentalism and minimalist lifestyle / hippiedom / buddhist style stuff.



The performances were all good - and the whole ensemble was strong (the 2 lead female actors had colds but that was hardly noticeable, except in their red noses, their technique and skills kept it out of their voices and playing - v. impressive.) Lexi Frieman who played Celia was just marvellous and she and Saskia Smith were good foils for each other - they played the young girls talking love and romance SO well - lots of squeals of delight and those looks that they passed! Spot on!

Most fun for me was that 2 actors are Canberra boys - Ed Wightman (played Touchstone) and Jonathan Gavin

played evil big brother Oliver, William (cowboy lover) and Martext (the priest, but as a celebrant and in a great pink power suit, with lovely pink stilletos - yep, x-dressed! It was a hoot).

Bell didn't place it in a 'time' so much, guess you could call it timeless, but modern dialogue thrown in at moments of patter. The songs were great - a capella with minimal recorded sound and electric piano, guitars and percussion used on stage, very fresh. Highlights? Hmm that's hard - and that's good because if a show depends on moments it's not much of a show in my mind - still the puppet-puppeteer routine of Touchstone (Ed Wightman) and Audrey (Camilla Ah Kin) was very slick and very funny - and it made sense of the language and meaning of piece! Linda McHugh has taught and lectured in drama in the ACT and overseas. She has also produced and stage managed productions in the ACT and interstate.

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Book review: “Bloodless Spine Surgery: Pictures and Explanations”

By Kenneth A. Hansraj, MD
DeeDee LLC
ISBN 979-0-9745374-0-5
The Specialist Series
Reviewer: Justin Pik FRACS

Being an active practitioner in the field of spinal surgery, I was naturally excited by the opportunity to review this latest offering. The title of this book is particularly intriguing. Although every spinal surgeon strives to lose as little of the patient's blood as possible, truly “bloodless” surgery is unachievable with our current technology.

The book is divided into five sections: common spinal condi-

tions, medical evaluations of the patient for spine surgery, spine surgery, patient case reports and lastly, a dictionary of bloodless terminology.

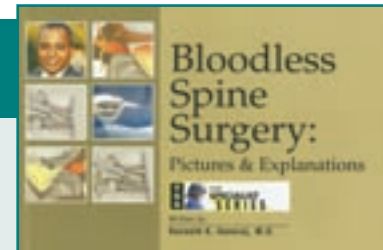
The book is certainly full of pictures and explanations as billed. However, one cannot help but feel the book is aimed squarely at the non-medical reader. There are no less than 42 passport-sized photos of people that the author wished to acknowledge and give special thanks to. What follows in the book is a fairly rambling account of what spinal surgery is about. Almost every page of the book is

largely occupied by a photograph or an illustration, accompanied by extremely basic, point-form explanation.

The section titled “patient case reports” is almost comical in its content. Having photographs of smiling faces in various poses serves no particular purpose except to occupy a page of the book. It is neither informative nor explanatory. The last section of the book, titled “Dictionary of Bloodless Terminology”, would make very dull reading indeed to anyone who is medically trained. Some of the

photos are in fact irrelevant to the topic being discussed.

Dr Hansraj has used descriptive terms such as “innovative”, “futuristic” and “cutting-edge” to describe what are standard and commonly used techniques in spinal surgery. For example, a photograph of a standard operating theatre was described as “futuristic surgical suite”. The author also included some very controversial techniques such as the perioperative use of erythropoietin and hypotensive anaesthesia to reduce the chance of perioperative blood transfusion. The the-



ory behind these techniques was briefly discussed but not the significant associated risks.

Overall, I do not think this book has added much to our understanding of spine surgery, bloodless or otherwise. It would even be difficult to recommend the book to patients who may be undergoing spinal surgery as, in my opinion, it would only serve to confuse the patient with irrelevant information.

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ACT government announces \$300m four year health plan

ACT Government will fund "the Territory's single biggest infrastructure project to provide the ACT community with the health facilities needed to meet the challenges of health care into the future", said Health Minister Katy Gallagher when announcing the portfolio initiatives in the recent budget.

Ms Gallagher said this was the beginning of what is expected to be a \$1 billion redevelopment of the ACT's entire health system.

"The \$300 million allocated in this year's Budget provides the basis for building a more sustainable and modern health system to ensure the safety, availability and viability of quality health care in the ACT to 2022."

Ms Gallagher said this year's Budget allowed for the following initiatives:

- \$90 million for a Women's and Children's Hospital at The Canberra Hospital (TCH);
- \$37.6 million for a suite of mental health facilities to include an Adult Mental Health Acute Inpatient Unit, a Secure Adult Mental Health Inpatient Unit and a Mental Health Assessment Unit on the TCH campus, design of a Mental Health

Young Persons' Unit and an additional \$8.5 million over four years of recurrent funding for greater support for people with mental illness;

- \$18 million for a new Health Centre at Gungahlin;
- \$9.4 million for a new 16-bed Intensive Care Unit/High Dependency Unit and Coronary Care Unit facility at Calvary Hospital;
- \$5.7 million for Digital mammography;
- \$5.5 million for a Neurosurgery Suite at TCH;
- \$5 million for the redevelopment of Community Health Centres to provide expanded health services to the community;
- \$4.1 million for a new 16-bed Surgical Assessment and Planning Unit (SAPU) to streamline the admission process for non-critically ill surgical patients;
- \$2.4 million for 24 additional beds at TCH; and
- \$1.3 million for the design of a new Skills Development Centre.

"We need to plan, adopt new approaches, change or modify our models of care and the way we work, utilise emerging technologies and address our infrastructure needs," Ms Gallagher said.

"We need to look at new ways of managing chronic disease, of keeping people out of hospital through health promotion and prevention, at-home monitoring, electronic consultation or emergency outreach and different ways of providing post-hospital care such as community-based supports or step up/step down facilities."

Ms Gallagher said the infrastructure project, called Your health—our priority, was preceded by two years of service planning in conjunction with consumers, clinicians and staff to develop the way forward for our health services and to design the facilities needed.

This planning had identified benefits in relocating the Paediatric Unit at TCH and co-locating it with maternity services, the neonatal intensive care unit, gynaecology and fetal medicine and specialised outpatient services on the TCH Campus, thus creating a Women and Children's Hospital.

\$90 million had been allocated for this initiative which would free up space in the existing acute ward areas of the main tower block.

"The Government has provided \$37.6 million in this year's Budget for a suite of mental health facilities, as well as \$8.5 million over four years of recurrent funding, to provide greater support for people with mental illness," Ms Gallagher said.

"A new mental health precinct will be built on TCH campus that will include an Adult Mental Health Acute Inpatient Unit and a Secure Adult Mental Health Inpatient Unit.

"In addition, a Mental Health Assessment Unit will be built adjacent to the TCH Emergency Department and a Mental Health Young Persons' Unit will be built on the Calvary campus.

"Funding of \$18 million has been allocated for a new Community Health Centre at Gungahlin.

"Located in our town centres, the ACT's network of com-

munity health centres provides a comprehensive range of community based child and family services, mental health, continuing/post acute care services, general preventative and direct care services.

"Growth in Canberra's north requires a new community health centre at Gungahlin as part of this community network."

Ms Gallagher said the funding included \$9.4 million for a new 16-bed Intensive Care Unit/High Dependency Unit and Coronary Care Unit facilities at Calvary Hospital to address service needs as part of a Territory-wide network of critical-care services.

All equipment used for the Breast Screen Program will transfer from the current analogue modality to a digital modality – a project allocated \$5.7 million in this year's Budget.

Digital imaging provides many advantages in breast screening including increased clarity of image, operational efficiencies and direct and improved client benefits and clinical outcomes.

Ms Gallagher said the ACT would have a Neurosurgery Suite that was among the most advanced neurosurgical operating environments in Australia enabling significant improvements in the effectiveness of

neurosurgery at TCH. The Budget had allocated \$5.5 million towards this project.

The new environment would enable Magnetic Resonance Imaging (MRI) to be undertaken during surgery improving the effectiveness and efficiency of surgery as well as safety to patients and improved patient outcomes.

"Establishing a theatre for neurosurgery will also free-up one of the existing theatres at TCH for other emergency and elective surgery work," Ms Gallagher said.

"This is an exciting, ambitious project that will ultimately deliver the health system this community will need for the future.

"We are prepared, we have done the planning, and now we have made the financial commitment to get started on building a health system that is even more Ready for the Future," Ms. Gallagher concluded.

For further information on the health initiatives go to www.health.act.gov.au

Members who would like copies of the slides presented by the Minister and Health CEO, Mark Cormack at the recent meeting to brief on the Capital Asset Development Plan should contact Christine Brill at execofficer@ama-act.com.au

SECOND CANBERRA MEDICAL BALL TO BE HELD IN JUNE

All the information is included in the flyer on the front cover of "Canberra Doctor". The flyer is also being distributed by the three host associations to members.

If you would like to make up a table of ten, or wish to be seated with nominated friends (if less than ten), please advise Christine Brill of the names by email: execofficer@ama-act.com.au.

Please notify dietary requirements to execofficer@ama-act.com.au when confirming your attendance.

If you require any additional information please phone 6270 5410 during business hours.



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Vale! Dr Dennis Dyason

Dr. Dennis Dyason was born in the Kingdom of Tonga in 1940. His father was a Seventh Day Adventist pastor who had been posted to the island a few years previously. The family moved with subsequent postings to Hobart, Adelaide, Brisbane and Newcastle, where Dennis completed his schooling at Newcastle Boys High in 1957.

He commenced a degree in science at the University of New England in Armidale where he met his future wife Kathryn. He transferred to Sydney University the following year to study Medicine. Despite the demands of his medical training he represented the university in football. He and Kathryn were married in 1962 and he graduated in 1964.

Dennis completed his residency and registrar years at the Royal Perth Hospital, followed by a year as general practitioner, also in Perth. By the time of the next move the family had expanded to six, with the arrival of Karl, Anna, Sonja and Katie. The move was to Lake Grace, a small town 200 miles east of Perth, where Dennis was the only G.P. within a 100 mile radius. It was here that their last child Megan was born.

By 1971 Dennis had decided to complete his surgical training so moved to Canberra and began as a surgical registrar at the Royal Canberra Hospital. He was elected to the Royal Australasian College of Surgeons in 1975. He began practicing as a specialist in Northbourne Avenue and later moved to Dickson where he stayed for the next 21 years.

Dennis held visiting medical officer posts at the Royal Canberra, Woden Valley and John James Hospitals and with the expansion of Canberra he

also operated at Calvary and Queanbeyan Hospitals. He worked at the Breast Screening Clinic from the time of its establishment in Canberra until shortly before his death.

Dennis was a general surgeon in the days before subspecialties. He could do almost any type of surgery and do it well. He was equally confident in carrying out procedures that involved thyroid, vascular, breast or abdominal surgery. This was to prove a great advantage to him in later years as a military surgeon, where he was able to tackle a very wide range of surgical emergencies.

He was kind and considerate to his patients, hospital staff and colleagues. He had a well developed sense of social responsibility that saw him continue to work at the public hospitals and carry his share of on call work up until his retirement. He was unpretentious, good humoured and a larrikin.

Dennis had a wide range of interests outside of medicine, much of it centred around Kathryn and their children. The family were inquisitive travellers both in Australia and overseas. Notable trips included camel riding across the Strzelecki Desert, horse riding in Mongolia and backpacking up the Prince Regent River in Northern Western Australia.

Dennis was a great athlete who seemingly excelled at all



Dr Dennis Dyason.

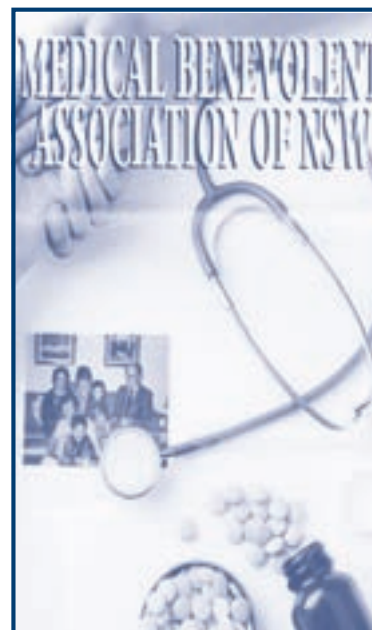
sports including tennis, swimming, skiing, rowing and marathon running. Horse and bike riding contributed to an alarming number of leg injuries which eventually resulted in a knee replacement. Golf was a lifelong pursuit for perfection which he never quite achieved and was the source of much frustration and enjoyment.

In his later years of practice, Dennis developed a strong affinity for the armed services, consulting at Russell Offices and operating at Duntroon Hospital. For no other reason than to serve his country, Dennis joined the army as a specialist reservist and saw active service with deployments to Bougainville, East Timor and Malaysia with the rank of Major. He continued this association with the army for a further 18 months after his retirement from consultant private practice in 2001.

Dennis was planning to return to his birthplace of Tonga to work as a surgeon for Australian Volunteers International when his chronic illness was diagnosed. As a result of this illness further trips overseas were curtailed. He continued to work as a surgical assistant until shortly before his death, simply to be in the environment that he enjoyed so much.

Dennis Dyason is survived by his wife of 46 years, Kathryn, and their 5 children Karl, Anna, Sonja, Katie and Megan as well as twelve grandchildren.

Submitted by Dr Peter Yorke.



Assisting Canberra Doctors and their families too!

The Medical Benevolent Association is an aid organisation which assists medical practitioners, their spouses and children during times of need.

The Association provides a counselling service and financial assistance and is available to every registered medical practitioner in NSW and the ACT. The Association relies on donations to assist in caring for the loved ones of your colleagues.

For further information please phone Meredith McVey on 02 9987 0504

The AMA ACT is delighted to learn that long time member, Dr Beryl Rich is alive in well, despite belief to the contrary.

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Dr Paul Jones is new AMA ACT President...

At the annual general meeting of the AMA ACT held recently, obstetrician and gynaecologist, Dr Andrew Foote, the retiring President officially handed over to incoming President Dr Paul Jones.

Dr Foote has served a two-year term as President and Federal Councillor representing the AMA ACT. He has served on several AMA committees during this period.

Also retiring from Council at this election were Dr Peter Wilkins and Dr Hugh Veness.

Dr Jones formerly held positions on the AMA Council as Treasurer and subsequently as President Elect. He has represented the AMA ACT on the AMAs Council of General Practice and will become the Federal Councillor representing the AMA ACT from the end of May 2008. Both Dr Foote and Dr Jones will attend the forthcoming AMA National Conference to be held in Hobart.

Dr Steven Kennealy was elected unopposed as Honorary Treasurer and Dr Jo-Anne Benson as Honorary Secretary.

Continuing Councillors are: Drs Harry Eeman, Peter Sharp, Sonia Res, Simon Ussher and Mr David Corbet. Council has the responsibility of filling the two vacancies and will discuss this at its first meeting in June 2008.

Dr Foote presented the 2007 President's Award to Dr Harry Eeman who represents the doctors in training on Council. In presenting the Award, Dr Foote said that he has made a significant contribution on behalf of his colleagues through the Doctors in Training Forum, the AMAs Council of Doctors in Training and the AMA ACT Council. Dr

Eeman has been an exemplary advocate for his colleagues and for the AMA.

Dr Ian Pryor as Editor of the "Canberra Doctor" committee presented the 2007 "Canberra Doctor" award to the production manager, Christine Brill. Christine has been involved with "Canberra Doctor" since its inception in 1988, and took over as production manager in 1996.

Dr Jones presented Dr Foote with an album as a memento of his Presidency, which contained a selection of photographs, media clips and his "Canberra Doctor" President's Report. Dr



New President, Dr Paul Jones, with past presidents, Drs Andrew Foote and Charles Howse with executive officer, Christine Brill.



President, Dr Paul Jones, presents Dr Andrew Foote with a memento of his presidency.

Australia's \$7.8 billion allergy burden

The cost of allergies to the Australian economy is more than \$7 billion per year, according to an Access Economics report released by the Australasian Society for Clinical Immunology and Allergy (ASCI) released November 2007. The report, "Economic Impact of Allergies" outlined the financial cost of allergies in 2007 as \$7.8 billion, comprising lower productivity ("presenteeism" \$4.2 billion), direct medical costs (\$1.2 billion) lower employment rates (\$1.1 billion), absenteeism and lost household productivity (\$200 million) and premature death (\$83 million).

This is greater than twice the financial costs attributed to schizophrenia (\$1.8 billion) and bipolar affective disorder (\$1.6 billion) combined. The estimated cost to Australians who suffer from allergy due to reduced quality of life (the "burden of disease") is estimated at an additional \$21.5 billion, approximately double the estimated figures for arthritis (\$11.7 billion) and hearing loss (\$11.7 billion). The report also shows that half the financial burden falls direct-

ly on those with allergies, since much medication does not attract a PBS subsidy or count towards the Medicare safety net.

Not only does Australia have one of the highest prevalences of allergic disorders in the developed world (19.6% affected), mainly affecting young working adults and their children, and most with multiple co-morbid allergic disorders. Recent studies have demonstrated an increase in some disorders, particularly food allergy

and anaphylaxis. If current time trends continue, there will be a 70% increase in the number of Australians with allergies affected from 4.1 million now to 7.7 million by 2050, and an increased proportion affected from 19.6% to 26.1%.

Noting that 40% of current allergy specialists would be retired within 10 years, the report called for additional guaranteed training places, educational initiatives to enhance the skills base on all relevant health care workers, removal of barriers that inhibit access to evidence based care, development of a model of allergy as a chronic disease and for state and federal health authorities to place allergy/immunology higher on their list of healthcare priorities. The report can be accessed online at <http://www.allergy.org.au/content/view/324/76/>.

The changing epidemiology of allergic disease is reflected in increasing waiting times in private and public sector allergy services, which have almost

doubled in the last 12 months in the ACT, highlighting the increased rates of food allergy in the youngest members of our society, the so-called "allergy generation". The cohort effect will see the vast majority of infants allergic to peanut and tree nuts still being burdened when they are teens and beyond, with recent trials of food-specific immunotherapy to switch off food allergy being encouraging, but still not ready for introduction into clinical use. Until that occurs, every child with food allergy or anaphylaxis should have an up-to-date emergency action plan. Updated Anaphylaxis Action Plans have recently been released by ASCIA as part of Food Allergy Awareness Week held May 2008, and can be downloaded from <http://www.allergy.org.au/content/view/10/3/>. These plans provide schools, workplaces, carers, family and friends with clear steps to treating an individual with anaphylaxis.

Canberra DOCTOR

A News Magazine for all Doctors in the Canberra Region
ISSN 13118X25

Published by the ACT Branch of the AMA Ltd
42 Macquarie St Barton
(PO Box 560, Curtin ACT 2605)

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Copy is preferred by Email to execofficer@ama-act.com.au or on disk in IBM "Microsoft Word" or RTF format, with graphics in TIFF, EPS or JPEG format. Next edition of *Canberra Doctor* – June 2008.

and Dr Rosanna Capolingua is re-elected as Federal AMA President



Dr Rosanna Capolingua.

AMA President and Perth GP, Dr Rosanna Capolingua, will serve a second year as Federal AMA President.

Dr Capolingua was re-elected unopposed at close of nominations at 1.00pm today.

This is Dr Capolingua's second term as President of the Federal AMA, effective from the close of National Conference on Sunday 1 June 2008.

The positions of Vice President and Chairman of Council also were uncontested.

Dr Gary Speck, an orthopaedic spinal surgeon from Victoria, will serve a second year as Vice President.

Dr Dana Wainwright was re-elected Chairman of Council, a

position she has held since 2003. A specialist in internal medicine, Dr Wainwright has a private practice in Brisbane and attends at the Royal Brisbane Hospital.

An election will be held for the position of Treasurer at the AMA National Conference in Hobart on Sunday 1 June 2008.

Dr Capolingua said today she was both proud and humbled to lead the AMA for another year.

"It has been an unforgettable and immensely rewarding experience – and an extraordinary honour – to lead the AMA and represent my colleagues," Dr Capolingua said.

"I look forward to tackling the challenges ahead."



Treasurer, Dr Steve Kennealy with Dr Sonia Res and Secretary, Dr Jo-Anne Benson.



"Canberra Doctor" editor, Dr Ian Pryor with the winner of the 2007 "Canberra Doctor" award, executive officer, Christine Brill.



Winner of the 2007 President's Award, Dr Harry Eeman and Dr Helen Doyle.

Matters of Health talks

Imitation is the sincerest form of flattery and when the current 10th annual series of U3A Tuesday lunchtime forums ends in September it will be followed by a similar series of ten Matters of Health talks.

These will be from 2.00 to 3.30 on Thursday afternoons in the Main Hall at the Hughes Community Centre, beginning

on 18th September with "What's gone wrong with Medicare?" by Dr John Deeble, health economist and architect of Medibank. This, like most of the talks, will be contentious. You don't have to be a member of U3A to come along when the topic and speaker interest you and join in the arguments.

The next four talks in the series will be:

25th September. "Who owns our health?" by Dr Tom Faunce, Senior Lecturer in Health Law, ANU.

2nd October. "Patent medicines and herbal remedies. How safe are they?" by Dr Rohan Hammett, National Manager of the Therapeutic Goods Administration.

9th October. "Entropy, climate change and health. How shall we adapt?" by Dr Bryan Furnass, former specialist in internal medicine now concentrating on "external medicine".

16th Oct. "GM (genetically modified) food – why the scare-mongering?" by Dr. Paul Brent, Chief Scientist of Food Standards Australia New Zealand.

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