NorDocs

Magazine of the Northern Rivers Doctors Network

Taking Heart

Life after the flood

Healthy North Coast

2023 Annual Issue

Koori country

nordocs.org.au

info@lists.nordocs.org.au

NorDocs

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On the cover

Well-known local photographer Jacklyn Wagner moved around Lismore in the weeks following the devastating flooding of early 2022 to document the aftermath of what is now regarded as Australia's worst ever flood disaster.

Photographing people has always been Jacklyn's forte, and the images she recorded provide a lasting record of the flood's impact on residents of the city's low-lying areas. Some have returned to their homes, many have not.

The photographs have since been assembled in a book, *Through the Heart … a flood of fears and tears*, that was launched in NSW Parliament. The 'heart' became a popular symbol of the Lismore CBD, which had been badly impacted by an earlier flood, in 2017.

Jacklyn said, 'I would simply ask them - people who had lost everything or saved something; people who now needed to start reclaiming their homes and lives - if I may take a picture of them. No lights, no paraphernalia - just a picture,'

Our cover shows Jacklyn Wagner's portrait of Vicki and Mark Youngberry in their South Lismore home, now fully restored through their own labour, helped by family members and friends.

The Youngberrys were rescued by boat from the top level of their house and eventually taken to the safety of higher ground, via Lismore Base Hospital where Mark was treated for chest pains.

Photo: Jacklyn Wagner, from *Through the Heart … a flood of fears and tears*. The book will be reprinted and copies can be ordered at **www.throughtheheart.com.au**

Read the full story and see more photos on page 9.

We wish to acknowledge the traditional owners of country throughout Australia, including the lands on which we live and work, and their continuing connection to land, sea and community. We pay respect to them and their cultures, and to the Elders, past, present and emerging.

Special Annual Edition - 2023

David Guest - Clinical Editor

by Dr David Guest, Clinical Editor

This edition of NorDocs Magazine is the first since Dr Andrew Binns' retirement 12 months ago, although retirement may not be the correct word, as Andrew has been instrumental once again in starting, or perhaps more accurately restarting, a medical magazine for the North Coast.

He has also been active in medical matters, not as a primary physician, but through his work with Rekindling the Spirit and the evolution of the Nimbin Collaborative. The aim of the Collaborative is to address some of the social determinants of health in the Aboriginal and Nimbin communities. He reports on this on page 18.

This edition of "NorMag" is a bumper edition and has been made possible by generous sponsorship from Healthy North Coast (HNC) and the North Coast Primary Health Network (NCPHN).

As a result this edition goes not only to previous readers on the Far North and Gold Coasts but also to the Mid North Coast and the Hastings/Macleay region.

The magazine is distributed through Sonic Healthcare's subsidiaries. Sullivan and Nicolaides Pathology is a long term supporter of the magazine and has distributed it for some years. For this edition we welcome Douglass, Hanly, Moir Pathology who will be assisting in getting the magazine out in the lower half of the NCPHN's footprint, down to Port Macquarie and Laurieton.

Australian health policy is a heavily laden ship. It takes a lot to get it moving and to nudge it in the desired direction. It takes new governments somewhere between one and three years for new policy to be implemented. The **ten year plan for primary health** was released 18 months ago and had bipartisan support. From 1 October 2023 we are seeing the first steps of the government's *MyMedicare* primary health care policy.

Monika Wheeler, HNC CEO, outlines the broad aims of the policy on page 7 and Adrian Gilliland, HNC Chair, delves into the benefits of the new program for the care of the elderly and those with a high burden of disease (page 5).

Our cover and page 9 feature images by local photographer, Jacklyn Wagner, of the continuing human tragedy following the disaster of the February 2022 North Coast flooding. Many local residents and local MP, Janelle Saffin, have been disappointed by the **curtailment of the "buy back" program** in the NSW 2023 budget and the further trauma this is causing these struggling members of our community.

On page 30 Dr Eric Brymer from Southern Cross University (which is another returning sponsor) and his colleagues report on their ongoing research into the trauma caused by environmental disasters such as bushfires and floods.

For some there is light at the end of the tunnel. Dr Nina Robertson on page 11 updates the progress that has been made since the floods destroyed the Keen Street Clinic. Nina loves her job, her patients and "the undifferentiation and complexity of general practice" and "the autonomy of running her own business." Months of blood, sweat and tears... and dollars have been expended, but they have survived and hopefully can now prosper.

There have also been developments on the Far North Coast for the health system infrastructure. On page 25 we note that The Tweed Hospital is nearing completion and are pleased to report that another long term supporter of the magazine, St Vincent's Private Hospital, is planning a green fields development of a new hospital near the existing Lismore Base Hospital (page 6).

On page 31 we welcome Sarah Mollard, to the magazine. Sarah is a GP and climate campaigner based in Port Macquarie. She gives practical tips on how we can reduce our energy consumption at the "micro" level. Similar success has been reported at the meso level by **Ramsay Health** which has three major hospitals in our area. A **recent NEJM article** noted the 20 percent reduction in costs at Massachusetts General through energy conscious process redesign.

Coffs Harbour GP, Dr Nicola Holmes has a long term interest in mental health management in general practice. Her tips for GPs (page 32) emphasise the importance of "being with the patient" rather than putting them in a diagnostic box and fixing them with medication.

It's hard to find a drug that improves the mess you've made of your life. Taking some away is usually a more successful strategy. This was the subject of Chairman Nathan Kesteven's talk on the "**Open Dialogue**" movement at the NorDocs Unconference in May this year.

A similar approach has been the modus operandi for long serving North Coast psychiatrist, Harry Freeman. On page 10 we pay tribute to Harry and his years of service to the local community. To learn more about Harry and his approach to psychiatry we highly recommend his ABC RN **Conversation with Sarah Kanoswki, "Dr Freakman, hippie psychiatrist"** recorded in August this year.

NorDocs comprises all members of the North Coast medical community. As North Coast Hospitals interns come to the end of their first year we have an update on their experiences from their representatives in Port Macquarie, Coffs and Lismore (page 16).

As Rik Lane, Director of Prevocational Education and Training, Lismore Base Hospital notes, one's first year as a doctor is a stressful time (page 10) but our JMOs appear to have enjoyed working here and have been grateful for the support they received from the local medical community. We hope that many of them, like us in the past, will take up the North Coast lifestyle and contribute to the care of our communities.

Australia has some of the highest rates of rheumatic fever and rheumatic heart disease (RHD) in the world. It is an international disgrace that this is almost solely confined to First Nations peoples. The cause is a high incidence of Group A

streptococcal (GAS) disease resulting from poor living conditions.

Dr Ben Hunt, **writing in the MJA's Insight+ magazine**, notes that the issue can be addressed at four levels - prevention through better housing and hygiene, early recognition and treatment of GAS, secondary prevention of recurrences that lead to ongoing valvular damage and finally heart valve surgery. He writes that these approaches to disease prevention and management are siloed and that a Voice to Parliament has the potential to address the underlying causes and in turn decrease the incidence and prevalence of RHD.

Dr Marion Tait, GP at **Bulgarr Ngaru, Casino**, recognised the rising incidence of this preventable and tragic disease several years ago. On page 12 she describes what she, and we, can do in the second and third siloes to help reduce the morbidity and mortality of this disease.

Dr Tait and her team are to be congratulated on their individual efforts to address the prevention of RHD on the North Coast. NorDocs believes that supporting activities like this is a crucial component of a highly functioning health system. Much can be achieved by tapping into the knowledge and expertise of local general practitioners but they need government support.

On 10 November NorDocs is holding an informal get-together at **Seven Mile Brewery** in Ballina. Local "medico-legal" band **Acid Bleed** is playing. North Coast Chair, Dr Nathan Kesteven, (below) invites all members to come along and catch up with colleagues old and new, and mull over the year almost past and the year ahead.

We hope to see you there.

More information page 15.

2023 Year in Review

by Dr Nathan Kesteven,
Chair NorDocs

We are nearing the end of 2023 and on behalf of the NorDocs board I would like to wish all our readers and supporters Seasons Greetings - may you all have a Merry Christmas and a Happy New Year.

So far, 2023 has been blessed in regards to natural disasters, although the residual effects of major events can be very long-lasting. Our thoughts still go out to the many people affected by the terrible fires of 2019, especially on the Mid North Coast and the lower New England, and those impacted by last year's flooding in the Northern Rivers and SE Queensland.

Already, counselling services are noting concerns being raised by residents who faced the fires of three years ago and are now reading that the approach of an El Niño phase has been confirmed, with very high temperatures and decreased rainfall predicted.

On the other hand, as the saying goes, having a break in the weather has been appreciated by all on the North Coast and allowed many to work on rebuilding their lives and homes, if they are able to.

On the medical front, the doctors and practices that were affected by the Northern Rivers floods have either repaired their premises or found somewhere that works well for them. Let us at least be thankful for that.

Lismore Base Hospital has returned to full capacity and the huge backlog of elective surgeries is slowly coming down. That said, life on the public waiting list can be uncertain, at times painful, and most frustrating.

Here at NorDocs we have held the ship steady and on course, and in between the rest of our jobs/lives kept the flag flying for all doctors in the Northern Rivers. We hosted our annual NorDocs "Unconference" on 13 May at Southern Cross University, this being an event where anyone in the medical community can deliver a topic of their choice within a 25 minute session.

We have held two previously but had a hiatus due to floods and the pandemic but plan to run them each year in the month of May. Topics this year included same-day total knee replacement, robotic surgery, AI, Open Dialogue, the effect of anaesthetic agents on climate change, medical careers in the Northern Rivers and discussion about Beating Hearts, a weekly singing group for those living with dementia, and their carers, amongst many others.

This year two of Lismore's longest serving doctors decided to pull up stumps. David Guest and Andrew Binns have both contributed greatly to the wider medical community, and while no longer in active practice, they are the prime movers behind this magazine, and I thank them, and the rest of the editorial team, for their grand efforts.

I hope that you may be reading this fine magazine over a drink, a snack and some locally performed gypsy jazz at the 7 Mile Brewery in Ballina. Or a similar scenario at your home! Again, the very best of the season to you and yours from us and ours, and sincere wishes for a wonderful 2024.

Monika Wheeler, CEO, Healthy North Coast and Dr Adrian Gilliland, Chair, Healthy North Coast

MyMedicare for General Practice: how and why to sign up?

by Dr Adrian Gilliland
Chair, Healthy North Coast

The Medicare program was set up in 1984 (by the then-Labor Government) as a Universal Health Care Insurance scheme that partially or fully covered most healthcare services in Australia.

It has served Australians well for many years, providing free primary healthcare services through payments for GP services on a fee-for-service basis.

As healthcare has become more complex, with a rising number of people living with chronic disease, often with multiple conditions and different healthcare professionals providing services, the traditional fee-for-service model has become increasingly inequitable.

Healthcare providers who provide specific specialist services, particularly certain specialist procedures, receive more generous remuneration than generalists who look after the whole person.

It is much harder to define specific service items for healthcare providers providing holistic, comprehensive care with multiple conditions than it is items for a certain procedure, even though we know that good primary care provides better long-term outcomes.

The laws of supply and demand encourage health practitioners to specialise in specific areas, particularly in medicine, where we have seen an increase in the number of non-GP specialists and a relative reduction in the number of GPs and generalists, resulting in a crisis of primary care access, particularly in regional and rural areas.

In order to remunerate GPs and generalists adequately for complex patient care, we need to know who is providing that care.

This is where *MyMedicare*, the Labor Government's name for Voluntary Patient Registration (VPR), comes in, following bipartisan support for the 10-year Primary Healthcare Plan and the new "Strengthening Medicare Taskforce".

VPR is a key building block for many other planned reforms. It is aimed at ensuring that funding for people with complex conditions goes to the right healthcare provider.

MyMedicare will be available for patient registrations from 1 October 2023. Patients can enrol with their preferred general practice and a specific GP who is registered with *MyMedicare*. This registration is a two-way street, and the practice and the GP will also have to accept the patient.

Key benefits of *MyMedicare* registration

• Registered patients will receive greater continuity of care with their nominated *MyMedicare* practice, leading to improved health outcomes. *MyMedicare* practices will have access to more information about their registered regular patients, making it easier to tailor services to fit patient needs. *MyMedicare* provides a new platform to deliver funding reform for primary care through new blended funding models - a mix of fee-for-service MBS items and incentive payments.

MyMedicare for General Practice

continued

MyMedicare will not result in a move to capitation. The claiming of MBS items not specifically linked to *MyMedicare* will be unaffected by *MyMedicare* registration and associated incentives.

New MBS items and incentive payments will be linked to *MyMedicare* registration progressively from November 2023, and a review of current general practice incentives will inform future design and delivery.

Key dates

November 2023

• Longer MBS-funded telephone calls (Levels C and D)

• Access to triple bulk billing incentive for longer MBS telehealth consultations for (Levels C, D and E) for eligible patients

July 2024

• Geographically phased rollout of new incentives for general practices to provide wraparound care for people with complex, chronic conditions who are frequent hospital users.

August 2024

• General Practice in Aged Care Incentive (GPACI) - rewarding proactive and preventative care through regular health assessments, care plans and GP visits for people in residential aged care homes, and including *MyMedicare*.

November 2024

• Chronic Disease Management items linked to a patient's *MyMedicare* registration

There is no rush to register your patients on *MyMedicare*. Start with those with the most complex care needs and gradually increase the numbers from there.

With *MyMedicare* in place, hopefully GPs can look forward to an improved likelihood of receiving hospital discharge summaries for the patients under their care. Plus, when a patient may need a Chronic Disease Management Plan, there'll be less concern about it being handled by a new corporate general practice located on the other side of town.

Voluntary patient registration promotes continuity of care, strengthens the relationship between general practice and their own patients, and helps practices to better understand and meet their patients' needs.

Lismore to get new private hospital

by Robin Osborne

The precinct surrounding Uralba Street, Lismore, centred on Lismore Base Hospital (LBH) and above the level of any conceivable flooding, is set to become an even more concentrated health hub following news that a private hospital will be built and operated there.

The plan for the facility, to be positioned opposite the LBH site, has been developed by the Catholic Diocese of Lismore, assisted by St Vincent's Private Hospital, located in East Lismore. The Diocese is purchasing the land and aiming to undertake 'a competitive process to secure a specialist provider to operate its acute health services going forward'.

The announcement stressed that, 'It is not proposed that the Diocese develop or operate the new hospital.'

Instead, it will be 'funded and operated using a contemporary model led by a specialist private hospital provider'.

The new hospital and associated medical services will 'facilitate the provision of expanded private health service opportunities and a consolidation of existing services,' it added.

Greg Isaac, Diocesan Business Manager, said, 'Our vision is to see a new private hospital created, surrounded by a thriving community of healthcare professionals providing cutting-edge specialist medical services.

'What we know is that innovative developments, like the one we have announced, will attract additional highly skilled specialists and create more, not less opportunities for medical and health care professionals already working in the Northern Rivers region.

'It is our unique history as a cornerstone of the community that has inspired us to think beyond the present day about how the growing and changing needs of our community will be best met for the next hundred years.'

The knock-on effects for St Vincent's will be significant. After the new hospital is open, the Diocese intends 'to invest more in best-in-class facilities and services at the existing hospital site in Dalley Street, transforming it into an aged care centre of excellence for the region'.

Greg Isaac said, 'Since 1921 St Vincent's Lismore has had a clear purpose to provide healthcare for the community in faith, hope and charity with compassion and respect.

St Vincent's Private Hospital in Lismore is to become a centre of aged care excellence.

The plan we announced today will see the legacy of St Vincent's Lismore continue long into the future.

'The Diocese believes the specialised delivery and operating model for the new hospital, together with the Diocese's vision for the future of St Vincent's Lismore's existing site, will take health and aged care in the Northern Rivers to a new level, and deliver even higher quality, patient-centred care, which is central to the values of the Diocese.

'We're at the beginning of an exciting journey and look forward to our patients, staff, volunteers, health care professionals and communities joining us to achieve the best outcome for all,' he added.

On the right path on a long road

The Medicare Taskforce vision for strengthening primary health care

by Monika Wheeler
CEO, Healthy North Coast

"It seems like you need to know that you're going to be sick well in advance. Because sometimes, you can't get in the same day or even the same week".

This quote is from a 25-year-old Port Macquarie woman whom Healthy North Coast interviewed last year. Her experience is not unique. Pressure on our system is mounting. In some parts of the North Coast, patients are waiting two to three sometimes four weeks to see their regular GP.

The pandemic, fires and floods have taken their toll on primary health care services in our region, but the drivers that are creating the increased pressure on primary health care were there well before the first fires started in 2019.

Our rapidly ageing population is a big driver – with nearly a quarter of all residents on the North Coast 65 years or older (double the NSW and national averages) and this proportion is set to increase. Significant reductions in the numbers of medical students choosing general practice, the stalling of increases to Medicare rebates and a slowing of progress towards mixed funding methods that more appropriately remunerate primary care clinicians for multidisciplinary and value based care have been problems for too long.

The Medicare Taskforce recommendations, and the Government's subsequent commitments in the Federal Budget in May this year, represent acknowledgement at a federal level that things need to change.

The commitments are conceptually good and represent a nod to those who have lobbied for such changes for years. A lot of the programs have not begun implementation yet, so it will be a few years before the full impact of this new way of funding and organising primary health care will be realised.

What are these changes and what will they mean?

There are four main areas of change that the Taskforce proposed:

1. Access

This will involve blended funding models to support enhanced chronic disease management, such as via the introduction of *MyMedicare* to enable greater continuity of care between patients and their GP. Voluntary enrolments to *MyMedicare* are open now.

A renewed focus on rural and Aboriginal and Torres Strait Islander peoples' health via Community Controlled Health Services is cited, as are greater incentives for general practices to deliver care during the after hours periods.

2. Multidisciplinary team-based care

This will involve incentives for general practices to recruit social workers, physiotherapists, pharmacists and other allied health professionals into their practice to provide wrap-around support to patients. It will also involve more sophisticated workforce planning that ensures we are training an appropriate number of GPs, nurses and allied health professionals to choose primary care as their areas of speciality. And importantly once they are qualified and practising, that they are able to work to their full scope of practice.

3. Modernising primary health care

This area will focus on enabling primary health care services to further embrace digital health and improve patient care by collating and drawing insights from data and health needs. In addition, MyHealthRecord will have greater investment, as will data infrastructure in primary health care services.

4. Change management and cultural change

Greater recognition of practice administrators will come from this area of work. So will a stronger focus on

empowering the community to have more say about how health care is organised and delivered. This will include things like patient reported experience measures becoming embedded into clinical practice as a measure of quality and value.

Some funding will go directly to general practices, allied health professionals and nurses to support these reforms. Primary Health Networks will also have a role in commissioning practices and other services to deliver some of the new models of care and ways of working.

While the full detail of these changes takes shape, Healthy North Coast will continue to keep working collaboratively with local GPs, pharmacists and the Local Health Districts to try to stem some of the pressure in the system. This involves setting up Medicare Urgent Care Clinics in Lismore and Coffs Harbour and expanding North Coast Health Connect, which offers 24/7 phone/web triage with the ability to directly book a telehealth or face to face GP appointment in more than 20 practices across the region.

Private consultations with community pharmacists are also available via this service.

North Coast Health Connect has seen good uptake to date with 8,000 calls made since December last year. Integration with HealthDirect and other Local Health District urgent care services is currently being explored to join this service up as part of a comprehensive and connected digital front door.

It is good that the call for change has been answered. And while the road is long, it is one that is well worth travelling.

My My My

"When I use a word," Humpty Dumpty said, in rather a scornful tone, "it means just what I choose it to mean -- neither more nor less."

"The question is," said Alice, "whether you can make words mean so many different things."

"The question is," said Humpty Dumpty, "which is to be master - that's all."

Through the Looking Glass
by Lewis Carroll

by David Guest

iBlame Steve Jobs. He started the "pronounageddon".

First it was the iMac and the iPod, then came the iPhone and the iPad. The iWatch was a step too far, however. Marketing said no.

Language is constantly changing and **pronouns** have come in for a battering in recent years. Latin scholars will know the **declensions** as nominative, vocative, accusative, genitive, dative and ablative and come either as singular or plural and words take a male or female or neuter form largely depending on the declension.

In English we mostly stick with just two cases, subjective and objective, and apart from third person singular don't worry too much about gender so it is pretty straightforward. Most children grasp the concept of pronouns by the age of four.

However, gender fluidity has muddied the waters in recent times. If you are neither a he or she you might be a "xe" or a "ze" but the more common usage is "they". This is confusing to the untrained ear and it will take some time to adapt if using the plural for the singular persists. One suspects that Queen Victoria would not be **amused**.

Pronoun concatenations are beloved by advertisers. The YOUI insurance company prides itself on its customer relations (yournamehere.insured) and it has emphasised this through its in-house advertising campaign for several years. Once again for the uninitiated it sounds a little intrusive, as if **the Borg** had taken over the marketing campaign.

The melding of the words "medical" and "care" started with the Canadians in the early sixties. Medicare arrived in the United States a few years later. "Medical care" was provided through a state based health insurance scheme. In the seventies Australia had a similar program called Medibank but this was eventually superseded by Medicare in 1984. The term Medicare had greater "cut through" with the general public than its predecessor the Health Insurance Commission although the latter more aptly described the program's function.

Electronic systems have transformed society over the last 30 years. In combination with the almost universal availability of mobile phones as authentication devices, the internet has enabled businesses to increase efficiencies in the provision of their goods and services. While email and newsletters are good for disseminating information, secure apps are preferred for financial transactions and the exchange of personal information.

Businesses promote this new ecommerce as a boon to their customers. You don't need to come into the branch office or the store; it can all be handled over the internet. This alleged customer focus can, however, pall when repeated calls are made to the helpline where the issue might have been resolved by a single in person visit.

Ten years behind business the Australian Federal government is getting into the eCommerce / eServices act. The **myGov** digital service started in 2013 and now allows individuals to access their data in government departments like the Australian Taxation Office, Centrelink and Medicare. The Covid-19 pandemic accelerated the trend to digital and today over 20 million Australians have a myGov account.

In the May 2023 Federal Budget the Treasurer, Jim Chalmers, announced the ***myMedicare*** program. This scheme that has been in development for several years and is largely informed by the government's **10 year plan for primary care** that was released 18 months ago. The program's working title was initially "myGP" but Labor governments love sticking the word "Medicare" in wherever they can, as various GP networks can attest.

MyMedicare aims to improve the care for older and sicker patients who benefit from a stronger relationship with their GP and her associated practice. Initially the program will be limited to better subsidies for longer telehealth consultations for enrolled patients but further services and incentives will become available over the next 18 months. More extensive changes are planned for the medium and longer terms.

The gradual roll out of the program shows the government's caution in tampering with Australia's health financing. **The Medical Home trial** that started prior to the pandemic and finished in 2021 was a failure. It showed that it is not easy to move from our current funding arrangements to a blended model that would increase block payments and add outcome payments to existing fee-for-service item numbers.

While the current medical system is far from perfect it has provided a reasonable quality of care at an **affordable price** for most Australians. Medical standards have improved through training programs, vocational registration, accreditation and continuing professional development while at the same time Medicare has progressively reduced the income of Australian doctors.

The government recognises that it is getting "**better value care**" by squeezing the denominator. When compared to other **OECD countries** Australian GPs are near the bottom of the table; on a par with Israel but remain ahead of Estonia and the Czech Republic.

Not to be left behind in this digital age **myRACGP** went digital seven years ago and has been offering its programs electronically even prior to that. With a rejigging of professional development requirements for the current triennium **myCPD** is your new medical CPD home. There's even **an app** for that.

My, my, my ... it's all **very confusing**. You can't help thinking it's all about them, not us. Methinks these neologisms are designed to confuse. Thank goodness Humpty Dumpty can tell us where to find the right answer.

Faces of the 2022 Lismore flood

These pictures are a sampling of those that appear in the book, *Through the Heart … a flood of fears and tears* by local photographer Jacklyn Wagner (pictured right).

Laraine and Trev Acfield had lived in their South Lismore home since 2013. Although the 2017 flood came up three steps there had never been water in the house before. A musical family, they lost their piano and all Laraine's musical instruments. Trev saved two guitars in the hope of restoring them.

> 'We self-evacuated the night before the flood. I got this strong feeling to go, just a gut feeling we had to leave. And I convinced Trev.' - Laraine

Helene Hainaut, her daughter Genevieve, 6, her father and two cats were rescued by civilians from her roof, distracting the child by playing I-Spy.

> 'Everything was falling over – it was chaos. I threw a tarp on the roof and put the cats in milk crates. A cow swam over our carport.' - Helene

The houses in Victoria Baker's street were solidly built in the 1930s for returned servicemen. There's a strong sense of community in the neighbourhood.

> 'I had to leave my cat behind; he didn't survive. But I've got my community and friends so I will be fine. I have to come back. This is my home.' - Victoria

A video of the book launch at NSW Parliament can be viewed **here.**

The launch of the 'Through the Heart …a flood of fears and tears' on the 10th June 2023 at the The New Camera House , Keen St, Lismore. Pictured is photojournalist Jacklyn Wagner (far right) and The New Camera House manager Jon Paterson.

The design, printing and distribution of the hardcover book "Through the Heart … a flood of fears and tears" was the work of three local businesses. **Graphiti Design Studio**, **Lismore City Printery** and **The New Camera House**. The book is sponsored by **Nikon Australia** and a private citizen.

Appreciating our unique psychiatrist

by Robin Osborne

As each one of us is an individual, we might all be called "a one off", but when it comes to describing Northern Rivers psychiatrist Harry Freeman the word "truly" should certainly be added.

Since arriving in the Northern Rivers in the early 1970s, attracted by the legendary Aquarius Festival in Nimbin and then captured by the lifestyle, Dr Freeman has been regarded as a unique soul.

Highly qualified, never shy of expressing an opinion and, to boot, an immensely talented musician, he was the perfect fit for a region where mental health concerns abound, perhaps fuelled by cannabis use, although he may not agree, having enjoyed a toke or two over the years.

Former Lismore resident and opera administrator, Lyndon Terracini, used to call the area WLOLA, for World's Largest Outdoor Lunatic Asylum. It gave us all a good laugh, and made us wonder why psychiatrists were so thin on the ground. Then we realised other specialists were too, and now it's GPs.

No shortage of patients for Harry, then, and he worked hard and well across the public system and in private practice for decades. Never, in my memory, did he ever wear a tie.

Along with his passion for healing the mentally ill, Harry Freeman is an outstandingly talented pianist, performing solo and with a range of bands, often jazz focused, over many years and in many venues, the Nimbin Hall being one of the most regular. He would always bring the house down.

In the days of peak-feminism, he was often dubbed "Freeperson" – indeed, *drfreeperson* is still his email - but as he once quipped, that made him sound less Jewish and he wasn't trying to run away from that, although his spirituality is more holistic.

As the saying goes, God (or whomever you may, or may not, choose to believe in) broke the mould when Harry Freeman was created, and our area will not see his like again.

Photo: Harry Freeman by Robin Osborne (2018)

NorDocs, along with his many patients and friends, thanks Harry for his immeasurable service to a community that is as unique and quirky and talented as he is.

Only Harry Freeman can properly tell his story, and he did so to ABC RN Conversations presenter Sarah Kanowski in August 2023. The episode was titled "**Dr Freakman, hippie psychiatrist**" It is an account of a truly extraordinary life.

Changes coming for Prevocational training

by Dr Rik Lane

Director of Prevocational Education & Training, Lismore Base Hospital

Our training of prevocational doctors is about to change with a new national framework being implemented over the next two years. Part of the focus of the new framework is to incorporate primary care terms into the training of PGY1 and PGY2 doctors, with the eventual goal to have primary care experience as an integral part of prevocational training, just as medical, surgical and ED terms currently are.

We are lucky in our Richmond/Clarence Network to have had the opportunity to get ahead of things by recently having two rural generalist terms accredited for our prevocational trainees to rotate through during their time at Lismore Base Hospital.

Commencing in 2022, and by utilising funding through the John Flynn scheme, our Network has had the pleasure of introducing resident terms at Kyogle Hospital/McKidd Medical Centre and Maclean District Hospital. These terms are usually occupied by second year doctors but are also accredited for first year doctors if the opportunity arose.

> **'The feedback has been overwhelmingly positive'.**

Rural experience as a junior doctor may trigger some difficult memories for some of us older practitioners. I recall distinctly and somewhat traumatically as a second-year doctor in Queensland 18 years ago being dropped into random, remote communities to survive for a week on my own with virtually no orientation and next-to-nothing in the way of support.

Thankfully these days are long-gone. The introduction of a resident doctor to rural and primary care medicine in Australia is now a safe, controlled, methodical process with a focus on supervision and gradual exposure to autonomy.

At Kyogle, the resident doctors spend half their day consulting patients in a GP setting and the other half of the day working in the local Emergency Department. They are attached to a supervising GP at all times. In Maclean the residents work in the ED department alongside a rural generalist throughout their shift.

The feedback from our resident doctors, the supervising GPs and the patients themselves has been overwhelmingly positive. The supervision by our local doctors at these sites has been particularly impressive and our resident doctors have felt supported every step of the way.

It has also been great to hear the appreciation from our rural GPs and their patients with respect to the positive impact the resident doctors have made during their placement.

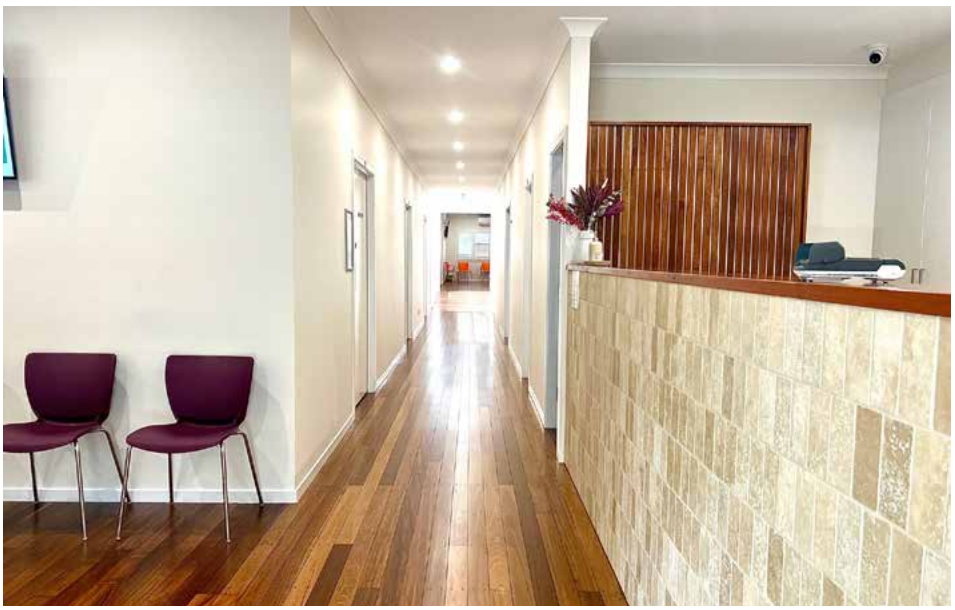
Already, after only 18 months, we have had doctors inspired by their time during these rotations to change their career aspirations towards rural generalist or GP training. Hopefully these doctors will be the first of many and by focusing more on primary and rural care in the early years this will help attract more doctors towards pathways in these specialties.

We are currently canvassing other opportunities around the Richmond/Clarence Network to hopefully expand these terms to allow more opportunities for exposure to primary care or rural ED work during the prevocational years of training.

After the rain, the restoration

by Dr Nina Robertson

Keen Street Clinic



It is now 18 months since our Lismore medical practice was inundated by the floods. In some ways it feels like an eternity but in others it feels quite recent, as we are still dealing with the fallout and impacts, not just on our practice but also within the community.

The flood has changed our practice profoundly and permanently. Fortunately, at this distance from the event, there seem to be as many positive aspects to the change as negative ones.

Financially we are still challenged, but no longer facing bankruptcy. We have taken steps to "insure" ourselves as we can no longer get even a quote for flood insurance. Some 18 months on, we are not yet done with the repairs to the property but we are down to the less important repairs, such as fixing the potholes in the driveway (quote - $38,000.00).

We applied for some funds from the grant announced jointly by federal and state governments and provided more than $500,000 of receipts in support of our application – we were fortunate to receive a grant for $200,000, which was the cap, but with basic maths you can see why financially we are still behind the 8-ball.

At the end of the day, no one goes into General Practice expecting to make tons of money – if you do you will likely be very disappointed. Nonetheless, it will be a relief when we are back in a position similar to where we were pre-flood, ticking along, making enough money to pay our excellent staff and retain our great doctors, while providing the full range of services to the community.

The good thing now is that I don't have any doubt that we will get there - it's just going to take a little longer.

The most positive change at the practice is that our building is just beautiful! All new ceilings, walls, lighting, fresh paint, polished floorboards and cabinetry. It's a pleasure to go into work each day and it feels and smells so fresh. Had the flood not happened, we may well have not had enough money to do that kind of renovation. Huge kudos to our builder Chris Pratt, an all-round lovely person who got things rolling for us really quickly after the flood. We were able to move back in in January this year.

One of the devastating outcomes from the flood was the loss of four staff members - Dr Doug Mouncey moved to practice in Byron Bay, Dr Amtul Maleeha, our first term reg, whom we could no longer supervise, treasured receptionist Helen Somerville and our lovely nurse Rochelle Penhey.

Rochelle was offered work at Grant Street, which was fantastic for her after the flood and she elected to stay there as the commute was closer to her home. Helen moonlighted as a pharmacy assistant and then worked for the surgical teams and we were delighted when she agreed to come back to work for us casually this year. We were also very happy to be able to offer Dr Maleeha a GPT2 placement with us, which she has just completed. So having shed a lot of tears, we have been fortunate to have some of our staff return to us - it feels like having the team back together.

So now we look to the future of our practice as part of the broader health community in Lismore.

Our next major challenges will be the changes to payroll tax rules, and the introduction of the Medicare Homes. It sometimes feels hard to stay positive when proposed changes seem counterproductive to retaining an excellent primary care system.

As we all know, so many health care decisions seem largely made with economic goals in mind, rather than good health outcomes. With this in mind, we will have to work smarter and probably harder to continue to serve this wonderful community.

Having survived the flood, we know we have the ability to do that, although sometimes I wonder how long I will have the appetite and strength to do it. However, I do love my job... I love my patients and the undifferentiation and complexity of general practice. I love the autonomy of running my own business.

So, Lismore, I think you'll have me for a while yet...

Acute Rheumatic Fever and Rheumatic Heart Disease

by Dr Marion Tait

GP and Lead Clinician, Casino clinic of the Bulgarr Ngaru Medical Aboriginal Corporation.

In 1685, English physician Thomas Sydenham was the first to describe the clinical manifestations of rheumatic fever, naming the chorea "St Vitus' Dance", although it now bears his name.

As a medical student in the Northern Territory, I saw patients with acute rheumatic fever (ARF) and rheumatic heart disease (RHD) often. To see young Australians in their teens or twenties needing or having had heart valve surgery because of a disease of poverty and poor living conditions was sad and very confronting.

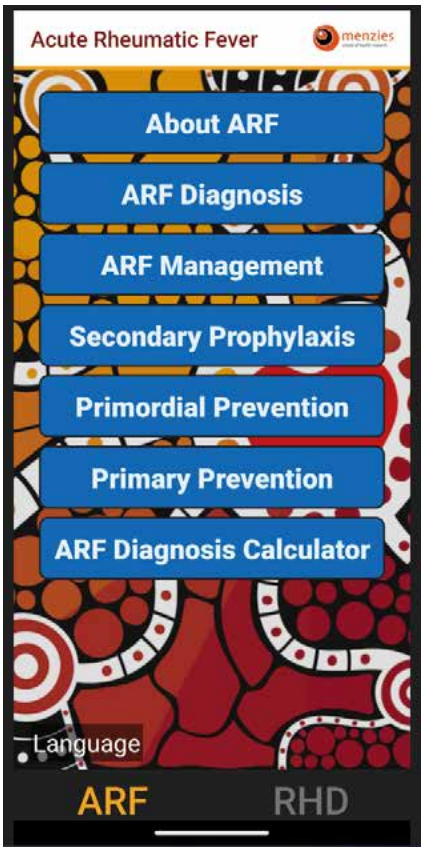
Most GPs learn about the modified Jones criteria in medical school and then are unlikely to think much about them again. This was the case for me when I came to Northern NSW in 2003. But living conditions for many, if not most, Aboriginal people living in the region put them at "high risk" for ARF and the rates of ARF in Aboriginal people here are the highest rates in NSW.

While I was aware that in our Aboriginal Medical Service (AMS) we had some people with ARF and RHD, I noticed a troubling increase in cases. We had gone from about one case every year since 2010, to four cases of ARF and three cases of RHD in 2021. I was also concerned about the standard of care these people were receiving.

Mr Scott Monaghan, the CEO of BNMAC, listened to my concerns and enlisted the help of Dr Steven Skov, a GP and Public Health Physician. With the cooperation of all three AMSes in the region we conducted a forensic audit of medical records in late 2022 to see how much ARF and RHD was really out there and how people were being managed.

We found both ARF and RHD to be much more common than previously thought. We found another five cases of ARF that had not been notified to NSW Health, meaning the rates of ARF were even higher than already thought.

There were at least 31 people (and likely more) who appeared to have RHD, which gave an all-ages prevalence of 1.94 / 1,000 population. The Australian RHD guidelines consider an area to be "endemic" if the all-ages prevalence of RHD is >= 2/1,000. Since then we have had six more cases of ARF who are at risk of developing RHD if they have a recurrence of ARF.



RHD Australia Clinicians' App

Another notable finding was that while the peak age for ARF is said to be in 5-14 year olds, over half the ARF cases were in people over the age of 14 and several over 30 years of age.

> *It has been heartening to see what we can do together to solve problems and enhance good care for our patients.*

The key elements of dealing with this condition are being aware of and getting the diagnosis of ARF right; primary prevention with antibiotic treatment of sore throats and impetigo to prevent an episode of ARF; secondary prevention to prevent recurrences in those who have had ARF, preferably with four weekly benzathine penicillin injections; and close cardiac follow up of people with RHD. The national RHD guidelines are a comprehensive guide to understand all aspects of ARF and RHD.

Our audit found there was room for considerable improvement in clinician awareness and management of ARF/RHD, both in our AMSes and in the hospital system, with communication between the two sectors being a particular problem.

Making the diagnosis of ARF is complex and seldom possible in one consultation. The disease can evolve over days to a couple of weeks. Getting blood tests, ECGs and an echocardiogram, ideally within 72 hours, and closely following the patient is essential. This requires close communication between the GP and the hospital to ensure everything is done and not to lose the patient to follow up.

Missing the diagnosis means initially under-treating the patient, and, if they are not put on secondary prophylaxis, increasing their risk of a recurrence and a scarred heart valve.

Within the AMSes we set about educating our GPs and putting in place new systems. We increased the focus on ARF/RHD in our orientation and training programs and clinical protocols.

We are increasing the number of throat swabs we do and lowering the threshold for antibiotic treatment of sore throats as is recommended for "high risk" or "endemic" populations in the national guidelines. We recommend that all our GPs have the RHD app on their phone. This has the full range of necessary information, as well as a step by step diagnosis calculator to assist in assessment.

We approached senior clinicians in Lismore Base Hospital with our findings and formed a working group of GPs and specialists. We were able to develop an agreed standard of care for ARF, with a clear pathway from primary care through ED presentation to admission with paediatrics or cardiology if needed and back to primary care.

We are hoping to establish a similar working party looking at other complex problems later this year. It has been heartening to see what we can do together to solve problems and enhance good care for our patients. The Northern NSW Local Health District has taken on the responsibility of enhancing education and awareness of ARF/RHD for its clinicians across the region.

Northern Rivers: more than you may think

Steps to remember

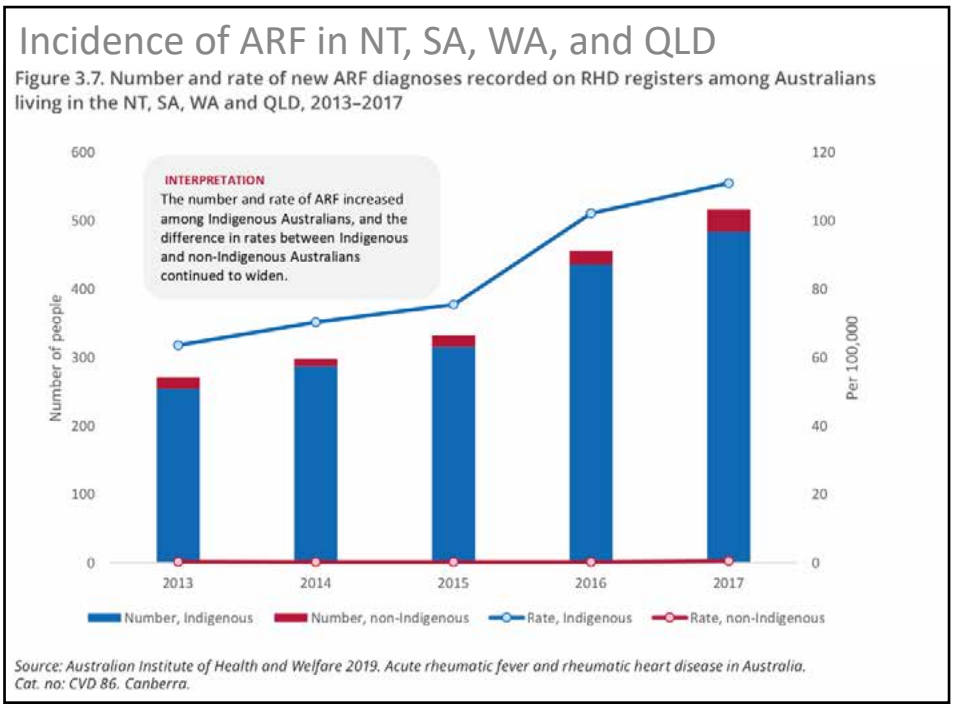
1. Think about ARF in patients who present with limb and joint pain.

2. Ask about these symptoms in high-risk patients who present with sore throats or impetigo.

3. Use the RHD calculator to guide investigation and diagnosis (also the NNSW ED ARF pathway).

4. Talk with specialist if ARF considered (paediatrician or cardiologist) and feed back to GP when patient leaves hospital.

5. Remember ARF/RHD is a notifiable disease.

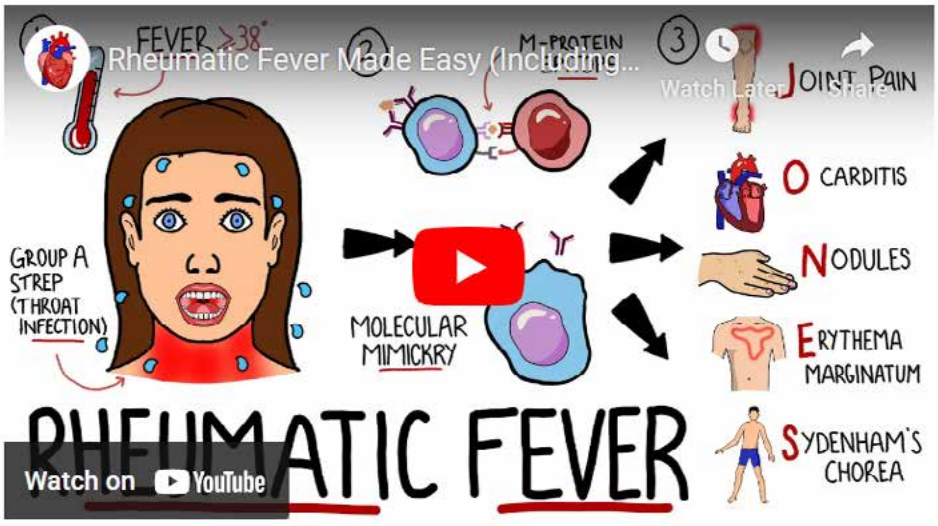


There is a vaccine for Group A Streptococcal disease in development but it is still some years away. I hope it is the light at the end of the tunnel of this awful preventable disease.

As doctors, we may not be able to have a direct impact on living conditions and poverty, but we can at least get the diagnosis right and do primary and secondary prevention properly.

So please, think 'could this be a GAS infection?' with high risk patients with a sore throat or impetigo and treat according to the guidelines. And while fever and joint pains are a very common presentation, at least think of the possibility of ARF in people at risk. And please download and use the ARF-RHD 2023 guidelines and the app – see QR codes!

Three hundred and thirty eight years after Sydenham first described ARF, it is inexplicable to me that in our privileged first world life here on the North Coast we are still dealing with a devastating disease that comes from poverty, poor living conditions and lack of access to appropriate medical care and which appears to have got worse since I arrived. What is wrong when the most expensive beach side real estate in Australia exists side by side with the highest rates of ARF and RHD in NSW.



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GPs' Health of the Nation Report

In a year (2022) when 70% of practice owners voiced concern about ongoing viability, the RACGP's latest report asks...

How sustainable is the health of our nation?

The overall conclusion could not be clearer: if the health of Australians depends significantly on the health of General Practice then the prognosis for the nation's wellbeing is dire indeed.

In its sixth annual **General Practice: Health of the Nation** report on "the most accessed sector of the healthcare system" the Royal Australian College of General Practitioners chose the sustainability of general practice as its key topic of interest. Themes relating to this included unsustainable workload, burnout, mounting administrative burden and inadequate remuneration.

Noting that, 'GPs in Australia are under extreme pressure in their roles, exacerbated by the COVID-19 pandemic and recent natural disasters, including bushfires and floods,' the report said, 'For the first time since the Health of the Nation survey began, 'managing workload' has overtaken 'managing income' as the highest-ranked challenge reported by the profession.

'This report presents evidence of these pressures expediting the forecasted general practice shortage, as more GPs, including younger GPs, reduce their hours and express their intent to retire early from general practice.'

The report added, 'In addition to the global pandemic, this can be partially attributed to an emerging theme related to the administrative and regulatory burden GPs face in their roles. Nearly two-thirds of GPs surveyed identified 'understanding and adhering to regulatory changes' as a challenge.

'This is concerning given that administrative work (as well as quality improvement and patient coordination activity) is largely unpaid time for GPs, as only time spent with a patient generates a Medicare rebate.'

Highlighted concerns included –

→ Almost three in four GPs (73%) reported they have experienced feelings of burnout over the past 12 months.

→ Almost half of GPs (48%) surveyed reported that it is financially unsustainable for them to continue working as a GP.

→ One-quarter of those who responded to the survey stated that they plan to retire within the next five years, an increase from 18% in 2021.

The increasing administrative and regulatory burden is also impacting the sustainability of Aboriginal medical services. GPs working in these services are often paid a salary but are still subject to the increasing Medicare regulatory burden and compliance activities and the time it takes away from providing clinical care.

For the sixth consecutive year, GPs reported that mental health issues were the most common reason for patient appointments.

Mental health, particularly youth mental health, was also the patient health issue causing GPs the most concern for the future. GPs are carrying a large share of the mental health workload, with 38% of GP consultations incorporating a mental health component, and patients reporting they are more likely to see a GP for their mental health concerns than any other healthcare professional.

The report also presents evidence that the amount of mental health work undertaken by GPs is significantly underestimated in Medicare statistics.

'Investment in general practice care is sorely needed,' said Dr Karen Price, then-RACGP President.

'Only 13.8% of future doctors are choosing general practice as their career. We must get the message out there that general practice is the most cost-efficient part of the health system and greater investment in general practice care will result in better patient outcomes and attract more future doctors to the profession at a critical time.'

Dr Price's successor, North Queensland-based practice owner and GP supervisor Dr Nicole Higgins has voiced similar sentiments, saying, 'For too long, the role of general practice has been undervalued, oversimplified and defunded. There is no substitute for general practice care and going down that path leads to second-tier care and puts patients at risk.'

NorDocs
Northern Rivers Doctors Network

2023 ANNUAL DINNER

Nordocs invites all staff in Medicine, including GPs and nurses to an evening of celebration & reflection, as we gather together for the Normag Year In Review Dinner.

Join NORDOCs in celebrating the accomplishments and achievements of the Northern Rivers medical community over the past 12 months.

As well as enjoying an opportunity to say a fond farewell to our retiring colleagues and welcome some new faces to the region.

Live entertainment Acid Bleed to perform at 6pm

Friday
10 November 2023

6pm - 8pm

Seven Mile Brewing Co
188-202 Southern Cross Dr
Ballina

Northern Rivers Doctors Network

Don't miss this chance to unwind, connect, and gain valuable insights from your peers.

Limited spaces available. Reserve your spot now!

Dinner will be provided by Samburger Food Truck. They will be taking orders from 6pm.

For more information:

info.nordocs@gmail.com

REGISTER AT:

https://Nordocs-Nov23.eventbrite.com.au

Catching up on the junior doctor shuffle

As 2023 draws to a close and the "great junior doctor shuffle" commences around Australia, it seemed fitting to check in with the Resident Medical Officers Association at some of the hospitals in the North Coast footprint.

Coffs Harbour Health Campus - Dr Julia Hamer JMO

As I'm sure many junior doctors would agree, the hospital you work in often becomes a second home, with long hours, late nights and early morning starts. Thankfully, Coffs Harbour Health Campus has been the type of home you love, one you feel safe in, included, and part of the family.

As JMOs, it is a privilege to form close relationships with our consultants, receive continual mentorship, on-the-floor education, guidance, and support. While the locum medical registrars provide a great mix to teams, it is really the bond between JMO and consultant that provides the continuity of care and guides the patient's journey from start to finish.

Our rotating Basic Physician Trainees (BPTs) from St George always bring stamina, knowledge, and excitement to the hospital. It is always a very sad day at the end of their three-month rotation to watch them leave. While new BPTs rotate through and get oriented, again that bond between JMO and consultant is a crucial link during transitions for continuity of patient care and safety. I think this provides an important opportunity for JMOs to step up in leadership roles, ensure they know their patients well and provide thorough handovers.

Thankfully our surgical registrars stay with us for 12-months allowing the consults to evolve from "hey this is the JMO for team X" , often to "hey, it's me… again". The close-knit community provides a sense of ease and familiarity. It has a beautiful way of instilling confidence early on as we start to take tiny strides as junior doctors.

Alongside life on the wards, our educational sessions have often been hands-on and engaging. While the free food incentivises us to attend teaching, we always leave with more than just full tummies. From biopsies to intubation, neonatal resuscitation to oncological emergencies, we've had a diverse range of topics to sit and listen to while chomping away on a healthy salad.

All in all, the life of a JMO at Coffs Harbour Health Campus has been darn good.

While the hospital itself has its downfalls, e.g. no cellphone service in many wards, a dark tiny JMO lounge and no library, our feedback is always listened to and acted upon.

Spearheading this whole operation is our amazing JMO manager Alicia Butchers who recently was awarded the Judy Muller Award for the stellar impact she's had on the doctors and staff at CHHC. From building us a new JMO lounge (coming soon!), to increasing our staff numbers, baking us treats and personally checking in on every JMO multiple times throughout each term, she's had a profound impact on us all.

We are lucky to have such a positive, inclusive, and hardworking culture established at our hospital. Although we will all inevitably drift to different cities and hospitals after completing the next phase of our training, Coffs will always be a second home and for many of us, the type of home many of us would love to come back to.

Port Macquarie – Dr Preshitashrikant Pande RMOA President

Greetings from Port Macquarie Base Hospital! We've had an eventful year, and we're here to spill the beans on the latest developments,

- Doctor-Friendly Changes

No more burning the midnight oil! Everyone has been working hard behind the scenes to make life easier for our JMOs. Over the year we've successfully reshuffled and introduced more general medical teams to achieve a better balance and JMO overtime is on the downtrend!

- Kempsey District Hospital gets a Boost

Thanks to ASMOF's (*The Australian Salaried Medical Officers Federation*) intervention last year, Kempsey is on the up and up and now has on-site medical registrars during hours to support our JMOs. It's received a significant injection of support and resources, leading to improved patient care and relief for our hardworking staff.

- Lingering Challenges

Despite the positive strides we've made, we're not without our fair share of challenges. The shortage of Resident Medical Officers (RMOs) continues to be a thorn in our side, especially after the intern exodus following their first year. This has placed additional pressure on our existing workforce. We're now working towards advocating for equity to promote fairness across city and regional hospitals to incentivise our residents to stay in Port Macquarie.

This year ASMOF, in collaboration with the JMO Accommodation Working Group, has successfully lobbied for expanded access to the secondment allowance for rural JMOs undergoing rotations in metropolitan facilities. This development is a game-changer, offering much-needed support to JMOs from rural areas who face unique challenges while on rotation.

The Ministry of Health is not stopping

there. They're actively exploring additional initiatives to support rural junior doctors, and that may include assistance with travel and accommodation. Now, here's the exciting part. The recent election of the NSW Labor Government means big changes are coming. The Labor Party has promised to do away with the NSW Public Sector Wages Policy, which had previously limited pay increases and other conditions to a 2.5 per cent wage cap.

Instead, the Labor Government plans to usher in a new era of bargaining, with the aim of securing better conditions, fair wages, increased productivity, and overall improvement in healthcare services. This is fantastic news for the rural medical community, as it removes constraints on unions and members, allowing them to negotiate for decent pay and working conditions.

ASMOF is not resting on its laurels. They are actively advocating for the updated secondment allowance to become a permanent fixture in a new Award and we at Port Macquarie are working in close collaboration to ensure our future interns have access to this change.

Lismore Base Hospital –
Dr Oliver Bennett RMOA President

2023 has seen a return to a new status quo at LBH, having experienced a tumultuous time in 2022 on the back of flood events, one which saw the 3 week old JMOs step up to meet the community's needs.

Lismore is back at a full complement of interns for this clinical year, with a diverse group that includes returning former medical students from University of Wollongong, Western Sydney University and The University of Sydney, to further afield from Victoria and Malaysia. This is expected to continue into next year, when the 2024 cohort will expand to a total of 18 new faces!

The JMO increase is accompanied by a broadening of the location for clinical terms at Lismore, now including popular Kyogle rural generalist and Maclean and Grafton Emergency terms. This all provides an excellent exposure to the practice of medicine within the Northern Rivers, an expansion that is planned to continue with rotations to Ballina and Casino EDs in PGY-2, in the future.

We also saw an increase in the number of JMOs undertaking away rotations at our associated metropolitan hospital, The Prince of Wales. This was partly due to the policy change by NSW Health to provide equitable financial support.

Historically rotating JMOs from metro sites have been given wage increases and subsidised accommodation to incentivise rural rotations. The 2023 year was the first where wage increases were extended to rural doctors moving to metro sites. Unfortunately, the cost of accommodation remains a challenge, with NSW Health not yet assisting with subsidising accommodation. Meaning the cost of living in Sydney remains a significant barrier for those JMOs wishing to gain early clinical experience at metro hospitals.

Finally, LBH celebrated the successful completion of its Advanced Life Support – Level Two course for our third successive cohort. This has been a junior doctor driven initiative to provide access to career important upskilling of clinical skills, something that can be challenging in rural sites. This successful introduction means that the majority of the PGY1-3s now have formal qualification in resuscitation skills, which has translated to an improved comfortability with the management of deteriorating patients. It is hoped in future that this program can gain sustainable funding to continue and potentially expand to include other sites in the NNSWLHD footprint.

The Nimbin Outreach project

by Dr Andrew Binns

One of my post-retirement activities is to address a project in a small, needy rural community near Lismore, namely the well-known village of Nimbin. This town recently celebrated the 50th Anniversary of the famous Aquarius Festival which was a revolutionary counterculture arts and music festival organised by the Australian Union of Students.

This changed this town from a small farming community into a thriving and busy township, popular with tourists lapping up the hippy atmosphere of the past.

About 12 months ago the Rural Doctors Network funded a Registered Nurse and Aboriginal Health Worker to assess and address the health needs for Aboriginal residents in the Nimbin area. I joined the project as a volunteer having retired from clinical work.

The percentage of Aboriginal people living there is 5.6%, greater than the state average of 3.4% according to 2021 ABS data. It is a rather transient community, and the recent regional flood disaster has made this more so.

To assess the need, the conventional way of assessing is by doing a community survey. This was thought to be inappropriate for this targeted cohort of disadvantaged people. Instead our Rekindling the Spirit (RTS) team set up a table with basic food in the park, opposite the only pub in town, and talked to the passing parade about their health needs.

We found people were happy to stop for a chat and word soon spread about our presence. The Nimbin Neigbourhood Centre was a good network for the project. The aim was to become known in the community and break down suspicions as to who we were. We soon developed a rapport and trust that built up over the months.

Our networks became stronger to the point of finding a suitable clinical place to set up a GP Clinic in the Nimbin Hospital precinct. This has been delayed due to GP workforce issues. Recently we also joined the so called Nimbin Collaborative, a broad group of health professionals coordinated by the NNSWLHD aiming to provide mental health services to the needy in the Nimbin community.

The Nimbin Collaborative inaugural meeting recently involved the NNSWLHD, The Buttery, Open Minds, Wellways, Momentum Collective, Mission Australia, GROW, Social Futures, and our group, RTS. More than 20 people attended.

The meeting was chaired by NNSWLHD's Trent Taylor (Strategic Partnerships and Innovation Manager). It was good to see the cooperation amongst these groups to address the mental health needs of this community.

It is amazing to see how quickly relationships can build up in a small community that seems so connected. Everyone looks out for each other. However, the needs are significant and there seem to be a lot of disadvantaged people living there, including Aboriginal people. The Nimbin population, including transients, have all the social determinants of health issues to deal with, and the youth even more so.

RTS also has a youth group, and our networking has led to links with the local high school, the Nimbin Central School. We had the help of an Aboriginal Ngemba woman, Tahnee Arnold, who is a teacher in humanities and the creative and performing arts at this school. The RTS youth group participated in their annual Bundjalung Day on 14 September (see adjacent story).

We also hope to exhibit Aboriginal art created by Nimbin school students in our proposed GP health clinic in Nimbin. This will help connect with Indigenous families in the area.

Students at Nimbin Central School, whose motto is "Success through Diversity", joined in the annual celebration of Bundjalung Day with a range of cultural and art activities.

Photography by Tahnee Arnold

On 14 September, Nimbin Central School celebrated its annual Bundjalung Day, beginning with a smoking ceremony and Welcome to Country led by Uncle Gilbert. Waangenga Blanco then guided the whole school through a movement session, followed by an Aboriginal deep listening exercise called Dadirri, which encouraged reflection and connection.

Nimbin Central was graced by the presence of several guest artists who ran workshops throughout the day.

Karla Dickens shared her art-making practice, and discussed how creating art can help you find your voice. Megan Mittag explored the art of storytelling through text, demonstrating the power of narratives. Waangenga Blanco shared his dance expertise, allowing the students to experience the beauty and significance of Aboriginal dance forms. Uncle Jimmy shared invaluable wisdom and cultural knowledge in relation to totems and Rekindling the Spirit showed students how to create art by using natural materials resulting in a whole school Earth Mandala.

Rekindling the Spirit and Social Futures dedicated their time and energy to the day. As a school, we are very grateful and would like to express our appreciation for their assistance and contribution and look forward to continuing and strengthening our relationship with both organisations.

Bundjalung Day celebrated the power of culture bringing people together. We eagerly anticipate the next gathering, where we can continue to honour and celebrate Aboriginal culture.

- Tahnee Arnold, teacher Nimbin Central School

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Aussie Docs share a common goal

Docceroos team photo in Vienna 2023

by Dr Jason Koutadontis

The Docceroos are a group of medical practitioners who literally share a common goal – we are all passionate football enthusiasts. While each specialises in different practice fields and hails from various parts of Australia.

Every year, we assemble a team to compete in the annual World Medical Football Championships (WMFC), held in a foreign country. Our journey began in 2003 when Dr. Alan Jones swiftly assembled a squad of 14 players in just six weeks to participate in Barcelona, at the prestigious Football Estadi venue and the training fields of F.C. Barcelona.

From these humble beginnings, our squad has steadily grown stronger, and we have consistently fielded a team each year since then. While we have performed admirably in most tournaments, the elusive winner's trophy has remained just out of reach.

These championships offer a fantastic opportunity to engage in six thrilling football matches, explore new countries, and connect with doctors from all corners of the world, all within the backdrop of a medical conference. For those fortunate enough to partake, it is genuinely a trip of a lifetime.

In 2022, the Docceroos achieved one of our best results, reaching the semi-finals in Mar Del Plata, Argentina, only to be edged out by Catalonia. Unfortunately, we were unable to surpass these achievements this year during our 2023 campaign in Vienna, Austria.

Docceroos goalkeeper, Dr Jason Koutadontis (centre)

The tournament began with an opening ceremony, during which 24 participating nations were randomly drawn into six groups, each consisting of four teams. Australia found itself in a challenging group alongside Argentina, Spain, and Venezuela for the group stage matches.

Our journey started with an intense match against Argentina, which ended in a disappointing 2-1 loss. Less than 24 hours later, we faced the football powerhouse Spain, and to our delight, the Docceroos secured a remarkable 1-0 victory. To advance to the finals, the Australian squad needed a win against the crafty opponents from Venezuela.

After a frustrating game, we experienced a 3-1 loss but maintained our high spirits as we had three more matches ahead.

The Docceroos cruised past the underdog team from Puerto Rico with a convincing 3-0 victory, building momentum. We continued our impressive run by defeating Mexico 3-0 with a spectacular team performance.

The week concluded with Australia facing off against Ukraine, a team that had come together at the last minute despite facing obvious challenges. The game ended in a nil-all draw, leading to a penalty shootout to determine 13th place. Australia calmly converted all 5 penalties, clinching a 5-4 shootout victory.

Reflecting on our week in Vienna, this was an extraordinary experience that I deeply appreciate. Representing Australia in an international football tournament was a tremendous honour, especially alongside such a remarkable group of teammates.

This journey also provided a unique opportunity to immerse ourselves in Viennese culture, connect with doctors from all corners of the world, and create lasting memories. I take great pride in being a Docceroo and eagerly anticipate the chance to wear the Green & Gold jersey once more in the upcoming 2024 tournament.

Next year's WMFC will be hosted by Australia on the Sunshine Coast (21-27 July) and we are excited to announce it will include an inaugural women's tournament. For more information, please follow our Facebook page (Docceroos football team) or visit **our website .**

Just a minute…

A quick chat with Tracey Maisey, Chief Executive, Northern NSW Local Health District.

Q: *What do you see as the significant opportunities facing this regional health service?*

A: One of the significant opportunities for the NNSWLHD is continuing to strengthen our exceptional health workforce. We have a growing population, a beautiful climate, and a wonderful health service, so we're working to capitalise on these things to future-proof our local workforce.

We're focused on ensuring equity of access to health services for our communities, in particular Aboriginal and Torres Strait Islander people, and people who require mental health, alcohol and other drugs services.

Our populations are spread over a large geographical area, so ensuring people in all reaches of NNSWLHD have the right access to services is something that I'm focussed on.

Integration with local General Practices is extremely important, and I look forward to working closely with primary health partners in the area.

Finally, I want to strengthen our connection with our communities to ensure they have an active voice in our services.

Tracey Maisey, CE NNSWLHD

Q: *Have you encountered any major surprises since starting in the job?*

A: No. Everyone I've met so far has been incredibly welcoming, passionate about their role, and invested in helping us deliver the best care possible.

Q: *Are you satisfied with recent performance indicators, e.g., ED wait time times and booked surgery wait times, or should they be improved? How might this be done?*

A: Working in health, we have an obligation to continuously improve. I value the feedback given by our patients to support identifying areas where we can improve. We will look at alternative avenues for people who may not need to present to the emergency department, which will help reduce the burden on our hospital system. One such initiative is the new Urgent Care Service we're developing in Tweed.

Q: *The 'gap' between the health of First Nations people and the broader community is as much a concern here as elsewhere. Is special attention being paid to this?*

A: Yes, empowering Aboriginal Health is one of our strategic priorities. We recently appointed our Executive Director of Aboriginal Health to our Executive Leadership Team. But equity of access to health care for Aboriginal people, and closing the gap, is everyone's responsibility, and as a leadership team we are focused on this.

We have also recently appointed an Aboriginal Cancer Care coordinator, who supports Aboriginal people with cancer through their clinical care and treatment, providing a link between Aboriginal and non-Aboriginal health services, and coordinating the journey of clients through our health services.

North Coast taskforce grapples with youth vaping

Derived from the word 'vapour', vaping is a fairly recent term to describe "inhaling vapor through the mouth from a usually battery-operated electronic device (such as an electronic cigarette) that heats up and vaporizes a liquid or solid" (Merriam-Webster dictionary).

Importantly, because it promotes addiction, nicotine also enters the equation, as does flavouring, which gives vapes a palatable taste – Berry Blast, Melon Madness etc - and enables more enticing **labelling**.

Some people, although the numbers are decreasing rapidly, suggest the practice is less harmful than 'real smoking', while most others consider it a giant con perpetrated by tobacco companies to make up for sales losses resulting from the governmental crackdowns (rising taxes, advertising restrictions, package warnings).

In a previous issue of this magazine our editor, Robin Osborne, reviewed the damning book *Puff Piece* by John Safran who savaged vaping's purveyors with tooth and claw.

Despite all the negative publicity, vaping is still considered a major public health concern, especially amongst younger Australians, and health authorities are embarked on a literally life-and-death battle against the practice. The struggle is aided at the national level by an import ban of nicotine-containing vapes without licences, and the retailing of them without a doctor's prescription. Despite that, a black market continues to flourish.

> In 2020-2021, the NSW Population Health Survey found 32.7 per cent of people aged 16 to 24 had used a vape.

In mid-August the NSW Education Minister, Prue Car, requested principals to report every student caught vaping, so that the extent of the problem could be better known. She had been told the problem was growing in seriousness. Plans are afoot to instal vape detectors in school bathrooms, with a tender out for 40,000 of the devices, capable of also detecting the smoking or vaping of cannabis.

The NSW Government is planning a vaping roundtable, which will no doubt be informed by the North Coast Youth Vaping Taskforce, partnering Mid North Coast Local Health District, North Coast Population and Public Health and Northern NSW Local Health District.

The Taskforce met recently with key partners to discuss ways to protect young people from the harms of vaping. Community forums in Coffs Harbour and Ballina were aimed at gauging the perspectives of young people as well as community and organisational stakeholders, including NSW Police, the Department of Education and non-government organisations.

The aim is for a regional action plan that, in the words of Vaping Taskforce spokesperson Robin Auld, will 'strengthen community action in the areas of prevention and harm reduction and support regulation and compliance in relation to the sale of vaping devices on the North Coast.'

In 2020-2021, the NSW Population Health Survey found 32.7 per cent of people aged 16 to 24 had used a vape, and 11.1 per cent were current users. In June this year NSW Health in partnership with NSW Police seized more than $400,000 worth of illicit vapes and illicit cigarettes, as part of compliance activities on the North Coast. The operation removed nearly 8,000 vaping units from sale.

Coffs Harbour Vaping Forum

Ballina Vaping Forum

'Reducing the availability of illegal vapes is an important step in helping protect young people from the harms of vaping,' Mr Auld said.

Information about the harms associated with vaping is available at **https://www.health.nsw.gov.au/vaping**

Running the measure over 'multimorbid' Australia

The first analysis of Australia's "national wellbeing", conducted in 2020-21, has found that nearly half the population (46.6 per cent) of all ages had one or more chronic conditions, and almost one in five people (18.6 per cent) had two or more chronic conditions – a state of health known as "multimorbidity".

The Federal Government study, titled **Measuring What Matters**, noted that, 'Many chronic conditions have behavioural and biomedical risk factors that contribute to their development, for example, tobacco smoking, insufficient physical activity, poor diet, excess weight, and high blood pressure or cholesterol.

'While recognising these risks can be driven or reinforced by factors beyond a person's control, the management of risk factors can reduce the likelihood of developing a chronic condition – resulting in health and wellbeing gains throughout the course of life.'

The aim of the ongoing project is to track progress towards a more healthy, secure, sustainable, cohesive and prosperous Australia.

'Measures beyond Gross Domestic Product (GDP), employment and other traditional economic indicators capture what is important to people, communities, and the country both now and in the future,' the report noted.

'The way we measure wellbeing drives public discussions and influences how we drive progress. The Framework can help inform discussions of the type of society we want to live in and how that may be achieved.'

The Measuring What Matters Framework has five wellbeing themes: health, security (personal, financial and housing), sustainability, cohesiveness and prosperity.

Launching the study, Treasurer Jim Chalmers said, 'These measures are in addition to, not instead of, all the other traditional ways we measure our economy, like GDP and employment... Measuring What Matters helps us put people and progress, fairness and opportunity at

the very core of our thinking about our economy and our society, now and into the future.'

If judged on health-related criteria alone, the wellbeing state of the nation is a matter for serious concern.

The section detailing "Equitable access to quality health and care services" reports a deterioration in the key categories of wait times for GP and specialist appointments, and the delivery of disability and aged care services at home.

The sole (yet slight) improvement was in the number of people who delayed or did not see a GP when necessary, while stable between 2013-2021 was the number (8.0 per cent) who delayed or did not see a medical specialist. Also stable was the proportion (13 per cent) of people who experienced high or very high levels of psychological distress.

Criticised on the basis that the data was gathered before the COVID-19 pandemic and the rate hikes and prices rises of recent times, the Treasurer noted that the study was only the first cut of what will be an ongoing process.

Or in document-speak, 'Just like other countries around the world, Australia's approach to Measuring What Matters will be an iterative, ongoing one – moulded through continuous conversation with the community and developments in how we collect and capture data. As part of this process, we will take feedback on how often the statement should be released.'

As the saying goes, if you don't measure it, you can't manage it.

However, some of the data is... well, clearly outdated, and at its core lies the information about housing and homelessness. For example, 20.7 per cent of households experienced a cash flow problem in the past year (2020), and 18.7 per cent were unable to raise $2000 when needed. Both figures were recorded as having "deteriorated" since 2006, as had the homeless rate' (48 per 10,000 people).

With fixed term mortgages now expiring for many borrowers and the high cost of household essentials, further deterioration is likely to be occurring. Indeed, the demand for homelessness services rose 7.5 per cent across Australia from December-March, with women and children making up 74% of those accessing services.

Kate Colvin, the chief executive of Homelessness Australia, said the increase was 'unheard of... This is just one terrible side effect of the worst housing crisis in living memory.'

Speaking of other countries and iterative processes, faraway Bhutan has produced a "gross national happiness" index for nearly two decades, computing similar indices - living standards, health, education, environment, community, time-use, psychological well-being, governance, and culture. Their population rates the happiness level at 78 per cent positive.

A significant number of Australians have little to look forward to, notably those who rent homes in an over-heated market and have minimal savings, who will live longer (females to average 85.4 years, males to 81.3) but with more chronic disease and a greater likelihood of putting off seeking medical attention.

No doubt we will see more numbers about their plight when the next study of Australia's "national happiness" hits the shelves.

Education benefits late-life work

Research studies tend to confirm what we already know, or have suspected, and such is the case with a major Australian study finding that today's older people (50+) who left school before year 12 often struggle to work later into their lives because of poorer health, or because their work is not suitable for older personnel. Women are disproportionately impacted.

Data from the 17,000 respondents that participated in the **Household Income and Labour Dynamics in Australia** survey was analysed in accordance with life expectancy and quality over four periods: years working in good health, years working in poor health, years retired in good health and years retired in poor health.

The University of Melbourne's HILDA Survey is funded by the Australian Government through the **Department of Social Services**. It found, inter alia, that those leaving before the end of high school are losing years of healthy life, with their extra years in the workforce, if necessitated, are mainly spent in poor health. The reverse applies to people who completed high school.

Women are especially disadvantaged, according to Dr Kim Kiely, a co-author of the paper, who said they are statistically living for longer but in poor health and disability.

'This is likely due to women's greater longevity and differential contributions of diseases affecting men and women as they age. It is more common for older women to live with non-fatal and disabling long-term health conditions such as musculoskeletal diseases and dementia,' he said.

Noting that older women are also more likely to face a "double whammy" of both ageism and gender discrimination in the workplace, Dr Kiely said, 'We can speculate that women of this generation leave the workforce earlier due to poor health because they are usually working in occupations that are less able to accommodate health limitations.

'The majority of workers aged over 65 are in professional or managerial roles, where it is easier to make accommodations for poor health. Among the cohorts we are looking at, [those] born before 1960, these sorts of jobs are more likely to filled by men.'

Other topics surveyed by HILDA were financial wellbeing and literacy, the impacts of COVID-19, mental health, the rise of the working from home trend, and household and family issues.

A new Tweed hospital in 2024

After nearly three years of construction work and a series of unavoidable delays, Northern NSW Local Health District has confirmed that its latest 'jewel in the crown', the $723.3 million Tweed Valley Hospital, is on track for an opening in early 2024.

Since the main works started on the new Tweed Valley Hospital, a number of external pressures have affected the construction schedule. These include the COVID-19 pandemic, the February 2022 floods, construction industry labour shortages and global supply chain interruption.

After construction is completed, many commissioning activities are essential to ensuring the hospital and its staff are ready to safely receive patients. These include installing furniture, fixtures and equipment, as well as completing clinical cleans and stocking departments with medical consumables in preparation for receiving patients. Staff orientation, inductions and training phases are also important.

Health Infrastructure and Northern NSW Local Health District are working closely with the construction contractor as the hospital progresses through the final stages of construction, which is expected to be complete later this year, followed by the operational commissioning.

The Tweed Valley Hospital will be a major referral hospital at the heart of the network of hospitals and health facilities across the Tweed-Byron region. It will reduce the need for 5,000 patients to travel outside the region each year to receive treatment.

More information on the Tweed Valley Hospital development is at **https://www.tweedvalleyhospital.health.nsw.gov.au/**

This is not such a bad place to fall ill

Robin Osborne looks at the latest report card on Northern Rivers hospitals.

In a **statement issued after the release** of the latest **Bureau of Health Information Healthcare** Quarterly report (covering April-June 2023), the Northern NSW Local Health District (NNSWLHD) said its hospitals continued to make significant progress on their planned surgery wait lists.

For example, the overdue list was reduced by over 50 per cent, while 95.8 percent of all urgent planned surgery was performed on time in the second quarter of this year. A total of 3,676 planned surgeries were performed across the region throughout the quarter, an increase of 8.1 per cent over the same quarter last year.

This good news aside, the wording of the statement remained cautious.

Note how the following word highlighted in red, would, had it appeared, have greatly improved the following sentence, the opening one in the LHD's media release of 6 September: 'Public hospitals across Northern NSW Local Health District (NNSWLHD) continued to perform *well* amid sustained high activity…'

So, on balance, we learn that the hospitals did actually perform, as opposed to being the Yes, Minister kind of facilities that have no patients, but the question remains about whether they could have done better.

The short answer is that of course they could, but so could every business we rely on, whether daily, like telcos, energy providers and supermarkets, or infrequently, like… Qantas.

To be fair, our hospitals are not doing the medical equivalent of losing people's luggage, or cancelling services at short notice with little explanation. Well, to use that word again, not too much of the latter.

When it comes to emergency departments, this being the other key measurable criterion of hospital performance, regional facilities were recorded to have bettered NSW average standards across the board. Well done!

Total attendances for the quarter numbered 54,626, with more than seven in 10 patients (73.5 per cent) starting treatment on time, exceeding the NSW state average of 65.8 per cent. Almost eight in 10 patients (78.5 per cent) were transferred from ambulance to ED staff within the 30-minute benchmark, which was also better than the state average (74.1 per cent).

The majority of patients (72.6 per cent) left the ED within four hours, also better than the NSW average (56.7 per cent).

'We want to make sure that patients are being seen as quickly as they can be in our hospitals, but we also know that many patients could receive more appropriate care in other settings,' the NNSWLHD Chief Executive, Tracey Maisey said.

Given that this is code for, largely, GP care, the numbers are worth considering.

According to Mrs Maisey, 'Around half (49.4 per cent) of all presentations to our EDs this quarter were for the least urgent triage categories four and five.'

This means that more than 27,000 presentations (somewhat less in actual patient numbers, given multiple presentations) might have been treated more appropriately if, a) after-hours care was available to them, b) they could have found a bulk billing practice, and/or, c) could have afforded gap payments.

Rightly, Mrs Maisey continued 'to remind everyone to support us by saving emergency departments and ambulances for saving lives,' and directed those with an illness or injury that is not serious or life-threatening to call Healthdirect Australia for a 24-hour telephone health advice.

The next question is whether that alternative is properly filling the gap. There are two ways to answer, the first depending on whether you're a federal politician or a state one, i.e. which jurisdiction picks up the tab. The other is whether you're a patient. To my knowledge, minimal customer satisfaction feedback has been sought, or at least, publicised, about the Healthdirect experience.

Hospital-wise, the relatively new kid on the block, Byron Central Hospital, with 5,304 ED attendances, outstripped Ballina, which recorded 4,440. No doubt it parallels the Ballina Byron Gateway Airport traffic – more people heading off to "the Bay".

The figures seem a lot for three months, but Grafton Base had 6,942 (presentations, not individual people) through its ED, surpassed locally by Lismore Base with 9,931.

The numerical winner, not surprisingly, was The Tweed Hospital, due to move to a new site early next year, which registered 13,846 ED attendances. Located in a population growth spot, with a regular clientele from across the Queensland border, TTH recorded 80.6 per cent of ED patients starting their treatment on time (NSW average: 61.1 per cent).

It was also noted that 70.2 percent of patients exited within four hours of arriving, which is good news when you need to attend a place where you perhaps shouldn't be, and don't necessarily know whether it is performing well, even if it is indeed performing.

Costly NDIS continues to grow

It recently turned ten and every year since its creation the numbers accessing the National Disability Insurance Scheme have continued to grow, now standing at 610,502, which is around 3.1 per cent higher than the AFSR expectations.

The costs have rocketed accordingly, with total payments over the last four years growing from $10.5 billion p.a. at 30 June 2019 to $35.1 billion in the year to 30 June 2023. Along with health and aged care costs, future funding for the NDIS was flagged as one of Australia's major budgetary challenges in the 2023 Intergenerational Report [see separate article].

Unless Australians can somehow reduce their reliance on it, or government risks forcing the issue, the cost of the NDIS is tipped to reach $100 billion within its next decade of life.

The IGR said, 'The NDIS and interest on government debt are the fastest growing categories over the next decade…'

The NDIS is not only costly but complex, so much so that it requires a quarterly report (and a simple to read version, the latest of which is yet to appear) to explain its actions and achievements.

One noteworthy feature is that reliance on NDIS support is disproportionately high in a number of NSW regional areas, doubtless because of socio-economic disadvantage outside the metropolis. This impacts on factors other than NDIS uptake, although there are clear interrelationships.

> Reliance on NDIS support is disproportionately high in a number of NSW regional areas

The Mid North Coast leads the pack on one key measure – abnormally high NDIS participation by young boys. Among those aged 0-6 years, it was found that 10.5 per cent of the total number use NDIS funded services, with 12.5 per cent of those aged 7-14 years also accessing support.

These figures are almost three times the NDIS usage rate of the same cohorts in parts of Sydney, notably the more affluent areas. A similar situation applies in Victoria, where usage rates increase the further people live from inner Melbourne.

Speaking to The Sydney Morning Herald, a service provider in Tamworth – Hunter New England also has high rates – said access to therapists can be difficult, and when families are approved for the NDIS they tend 'not to let go'. There is a strong feeling that the NDIS is strongly relied upon by families whose children lack adequate school support or who cannot afford private help.

The report said 2,132 (9.9 per cent) of the new active participants this quarter identified as First Nations people, taking the total number of First Nations participants nationally to 46,694 (7.6 per cent of the total).

As this magazine was being finalised the 12-volume final report by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was released. In the words of its Chair, 'We intend our Final report to be the means by which Australia can be transformed into: a more inclusive society that supports the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.'

The eyes have it

by Robin Osborne

Perhaps nothing is more important than good sight and hearing, but as research continually shows, there is a significant gap between the eye (and ear) health of Australia's First Nations people and the broader Australian community.

This impacts in major ways on people's daily wellbeing, including the learning abilities of young people, and has recognised lifelong repercussions.

The key goal pursued by Lisa Penrose-Herbert, a Public Health and Clinical Optometrist, is helping to 'Close the Gap for Vision' and this has been the focus of her support from the Churchill Trust. Currently, the gap is three-fold, although narrowing slowly as the value of Lisa's work becomes recognised for having wider applicability than the area of Queensland where she is based.

Northern NSW, with high numbers of Aboriginal and Torres Strait Islander people, is one area ideally placed to benefit from her work.

In 2016, Lisa was awarded a **Churchill Fellowship** to explore models of integrated Primary Health care to improve Indigenous eye health. The focus of this integrated eye health and vision screening program was **Goondir Health Services**, an Aboriginal controlled health organisation that services communities in Queensland's Western Downs region.

In 2022, Lisa was named as a recipient of the Churchill Trust's Impact Funding program, an initiative to enhance the outcomes of Churchill Fellows' research and subsequent professional achievements. In her case, as with the other recipients, her contributions were already impressive and significant.

Eye health conditions are neither inevitable nor intractable. As Lisa says, 'Over 90 per cent of visual impairment is preventable or, when necessary, treatable, often through relatively simple and low-cost strategies.'

During her Churchill Fellowship, Lisa visited the USA and Canada to meet with staff and clinicians working with First Nations people and to study the multidisciplinary approaches to managing conditions that often parallel those experienced in both urban settings and remote and regional Australia.

Public Health and Clinical Optometrist, Lisa Penrose-Herbert has been using the findings from her Churchill Fellowship to expand vision screening in First Nations communities.

Lisa also advocated for collaborative forums to communicate knowledge and learnings internationally in the area of Indigenous eye health, and this has gathered pace in the ensuing years.

'Eye health programs for First Nations Peoples are most effective when integrated into a holistic and well-coordinated Primary Health Care System.'

In other words, building on existing strengths and recognising that eye health is an important component of chronic disease management.

This accords with advocacy from Aboriginal health services and other representative bodies aware of the gains to be made when quality services are delivered in consultation with local people and are tailored to meet clinical health needs in a culturally safe environment.

'As most eye services to primary health care are visiting only (not full time), eye health and vision screening within primary health care is very important in order to prioritise visiting eye clinic appointments, and to effectively deal with eye emergency situations between visits,' Lisa says.

She advises that, 'When designing an eye screening system utilising eye (retinal) imaging, it is important to not focus too much on the hardware.

'While procurement, image reading, training, retraining, process design and maintenance are important considerations, the integration of culture and spirituality into a multi-disciplinary approach to health is important for a holistic health program to be optimally effective.'

She has also developed and implemented a children's eye screening program in 12 Aboriginal community controlled health clinics across Queensland.

'The clinics expressed a desire to know more about identifying young people who may have eye and vision problems that needed addressing,' Lisa explains.

'This project was very successful, resulting in increased numbers of young people with eye and vision issues being referred into the Optometry clinic.'

Along with helping spread awareness amongst both clinic staff and parents of the importance of checking children's vision, Lisa has been a major player during the federally funded Provision of Eye Health Equipment and Training Project to roll out over 200 retinal cameras to Aboriginal Medical Services across the country.

Lisa notes the structural limitations to achieving her goals, including many retinal cameras sitting idle in clinics because of a lack of a central reading centre such as she had seen in North America. Another problem was camera operators being seen as an "add on" to existing roles in clinics, rather than as dedicated, well-trained staff working in primary health care clinics.

Lisa says, 'In many locations there are long waitlists and many patients are referred to see the visiting clinician too late, when sight loss has already occurred. With the accurate triaging of patients, early referrals and a screening program delivered by well-trained staff, these factors can be reduced.'

Lisa's Impact project, now completed, confirms this finding.

'Through the regional eye health screener role there has been a significant improvement in effective referral pathways for eye health... Children and young people (up to age 16) have been referred into the eye services in increasing numbers during this period, with an increase of 31 per cent in young patients seen in the Optometry

Clinic.'

The project also delivered a major surprise: 'I had believed the screening program would assist in reducing the wait list for visiting Optometry services. In fact, it has done the opposite. So, effective systems can often make problems more apparent!'

Lisa's Churchill Impact project focused on developing an intensive training program for a regional eye screener to travel between clinics, akin to a model she saw working well overseas.

The enhanced screening has assisted in prioritising waitlist referrals, while the resulting learnings will help Lisa's team to advocate for increased (Australian Government) funding for visiting eye health clinicians for both optometry and ophthalmology.

The broader aim is an integrated eye health service engaging an Optometrist who could visit a range of rural and remote locations, both in Aboriginal and Torres Strait Islander communities and urbanised clinics whose patient cohort also has a high number of First Nations people.

'There has been no significant eye screening occurring despite the still sizeable – up to three-times – Gap in Vision,' Lisa says.

Lisa says the Churchill Trust's Impact Funding greatly enhanced her Churchill Fellowship learnings for setting up an effective eye screening model where the key elements also utilise what is already there.

'Cameras, AI, or training are important tools but not magic answers by themselves, although they're obviously important, and especially with the right system to support them.

'With over 200 underutilised retinal cameras around Australia there is terrific scope to scale up after this pilot, not just in Queensland but for the country more widely.

'This step of the journey could not have been made without this extra support from the Churchill Trust, and I feel honoured to be trusted to carry it forward. The true winners here are the many thousands of First Nations people whose futures without proper eye health would be severely limited.

'So, on behalf of them, I offer a big "thank you" for enabling this project to be undertaken.'

The Winston Churchill Trust offers a sponsored ophthalmology specific Fellowship, with the next round of Churchill Fellowship applications opening on 1 March 2024.

Natural disasters cause dark emotional clouds

Gauging how to address mental health issues triggered by changing environmental conditions, including extreme weather events such as the North Coast and SE Qld floods of early 2022, are the focus of new research being led by Southern Cross University's Dr Eric Brymer.

Dr Brymer said the project, funded by the **Manna Institute**, was expected to build mental health research capacity within regional Australia into the future.

'The devastation and loss caused by the bushfires and floods of recent years offer clear evidence of the profound mental health impact arising from these events,' he said.

'Yet while there is research highlighting the short and long-term mental health impacts of environmental change, much less is known about how to design effective interventions.

"That is where this project is unique. By exploring factors already theorised as impacting mental health in communities and individuals, we aim to develop a model to guide intervention design and identify resilience-building factors within that model.'

The Manna Institute is part of an initial 3-year strategy to improve mental health and wellbeing in rural, regional and remote Australia. It is a virtual institute that brings together leading mental health researchers from seven universities in the **Regional Universities Network**, including Southern Cross University and the lead institution, the University of New England.

Experts collaborate with industry and community partners (including Everymind, Lifeline Direct and the ANU Centre for Mental Health Research) to tailor solutions specifically to their regions and regional Australia more broadly.

'Extreme weather and changing environmental conditions in general can have shattering mental health consequences, so we are also hopeful that this research will inform improved strategies around pre-event preparation and post-event recovery,' said Dr Brymer.

A $10,000 grant from mental health research initiative Manna Institute is funding the collaboration between members of the Regional Universities Network, affiliates and external partners working in mental health.

The project title is *Development of a model to guide intervention design for mental health issues from extreme weather events.*

Project collaborators are Dr Eric Brymer and Dr Royce Willis of Southern Cross University; Dr Marg Rogers of University of New England; Dr Vinathe Sharma-Brymer of University of Sunshine Coast; Professor Navjot Bhullar of Edith Cowan University.

External partners are Healthy North Coast; Australian Red Cross-Emergency Services Queensland; The Connective; PCCS (Primary & Community Care Services Limited); Batyr.

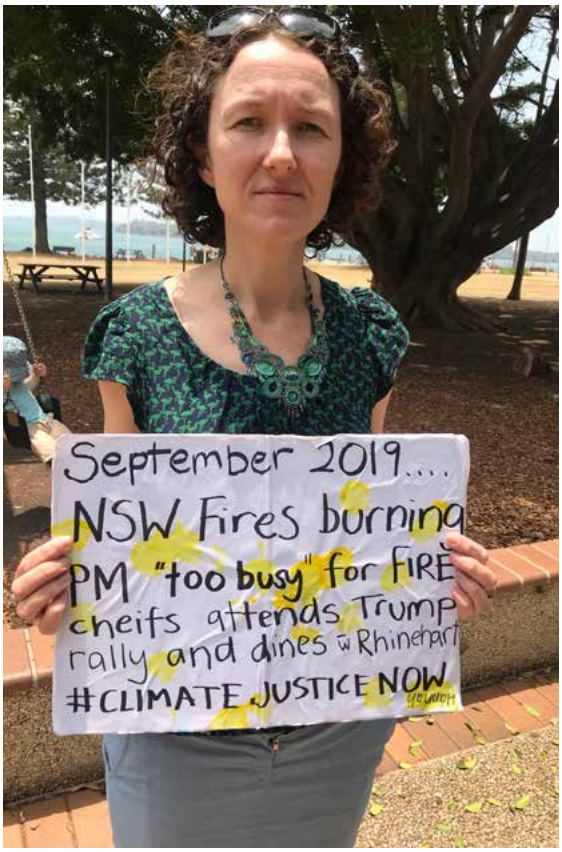
Photo by Carol Duncan of a burning home at Rappville, near Casino, in 2019 bushfire.

We have a key role in combating climate change

Around the globe, health professionals are on the front line of mitigating climate change impacts, whether by supporting patients and communities to prepare for and respond to extreme weather events or by undertaking low-key but practical steps to reduce CO_2 emissions such as reviewing prescribing patterns, for example with inhaled medications.

As **Dr Sarah Mollard**, GP and member of Doctors for the Environment Australia (based in Port Macquarie), reports, 'The propellants used in some pressurised metered-dose inhaler (pMDI) devices are highly potent greenhouse gases, and switching to dry-powder inhalers (DPIs) or soft-mist inhalers (SMIs) where clinically appropriate can greatly reduce the carbon footprint of managing asthma and COPD.'

As Dr Mollard points out, in the general practice setting, pharmaceutical prescribing is estimated to contribute between 65-90 percent of CO_2 equivalent (CO_2e) emissions.



Dr Sarah Mollard at a climate change rally during the 2019-2020 bushfires

'Broadly speaking the response to climate change requires two types of action,' she explains, 'mitigation, which focuses on drastically reducing CO_2 emissions so that further heating is limited, and adaptation, which involves consideration of how to best prepare for and respond to impacts from the heating which has already occurred.'

'This action can take place at individual, community or organisational, and state or national policy levels, and health professionals can contribute to both types of action at all levels.'

The seldom raised carbon footprint of health care is a key factor.

In Australia, health care is responsible for an **estimated 7 per cent of Australia's CO_2 equivalent emissions** (CO_2e), these being driven by hospital care (particularly intensive) and pharmaceuticals.

Individual action is an accessible entry point for many health professionals to contribute to climate action, often leading to co-benefits for the practice and/or patient.

At home or business, choosing energy efficient appliances, installing solar panels and switching to electric vehicles can lead to reductions in operational expenses alongside reduced CO_2 emissions, due to the majority of the energy load for private practices occurring during daytime hours.

Reduced travel-related CO_2 emissions can be achieved through appropriate use of telehealth, and through reducing carbon intensive travel, including air travel, for continuing professional development and other events.

Clinical interventions oriented towards reducing unwarranted intensity or episodes of care (especially reducing preventable hospital admissions) can benefit patients and contribute to reduced CO_2e emissions.

Other measures with significant co-benefits for patient health and climate change mitigation include lifestyle interventions that promote and support patients to use active transport, make dietary changes to increase the consumption of plant-based foods and reduce exposure to air pollution through changing from gas to electric appliances.

Adaptation at an individual or professional level can include activities such as practice disaster planning, addressing needs of practice staff and patients during heat waves and periods of poor air quality, and providing action plans for patients to use during heat waves, periods of poor air quality or natural disasters.

Doctors and other health professionals are well positioned to work with stakeholders at a regional or community level and through inter-professional and inter-organisational relationships to advocate for and support climate change responses.

As respected voices in the community, doctors can make valuable contributions to local conversations about climate change and provide direct support to community-based activities.

Health professionals can influence mitigation and adaptation efforts by politicians, government bodies and industry through a variety of mechanisms.

When our position enables direct contributions to policy development this can be a particularly powerful mechanism, however doctors also hold considerable capacity for indirect contributions, e.g. by supporting and influencing the advocacy efforts of the RACGP, ACCRM and other colleges around climate change and through policy submissions and letter writing.

It has been argued, and I agree, that there is a professional obligation for doctors and health professionals to address climate change both with individual patients and through health systems and advocacy – these issues were explored in depth in the **December 2017 volume of the AMA Journal of Ethics**.

This is an edited version of Dr Sarah Mollard's paper on the role of health professionals in mitigating climate change. ***Click here*** *to access the complete article on the NorDocs website.*

Hacks for working in mental health in general practice

by Dr Nicola Holmes
Coffs Harbour GP

I would like to share a few "scripts" and ideas from my last decade of working with complex mental health patients and youth. The therapeutic relationship is, itself, healing. Wise words from a mentor of mine - "don't just do something, sit there" - remind me of the importance of silence and space within consultations with those in distress.

Suppressing the urge to "fix" and "solve" is a hard instinct to overcome. Having always the curiosity of "what has happened to you" rather than "what is wrong with you" enables engagement. For patients with high ACE (adverse childhood experience) scores your medical consultation room is sometimes their first real-life experience of unconditional regard and respect as a fellow human being. Particularly with traumatised patients safety trumps everything else. You don't get honesty without a feeling of safety. Without honesty your history is patchy, without a good history we lose our ability to craft a useful collaborative plan of "what needs to happen next".

Your brain is like a 3D city. Roads like nerves intertwined and crossing each other. Messages are like cars travelling all day and night. Traffic lights in the brain are chemicals that allow the cars (messages) through junctions. If you biopsy someone's brain with psychological distress (insert diagnosis here if you are diagnosis orientated) you will find a few differences.

Firstly, there are not enough traffic lights, and like any city, e.g. Sydney, the "city" functions differently when there are less or no traffic lights. You can build up traffic lights by simple things such as exposure to sunlight, exercise, good sleep routines, healthy nutrition and of course medications such a SSRIs.

The other difference is that often you get stuck going around on the same little goat tracks, e.g. "everyone thinks I'm fat and ugly". To build new roads and put detours around unhelpful paths you are overusing, takes time and practice, like learning a new language, sport or musical instrument. This process is supported by psychologists and other mental health professionals to help coach these changes along.

The goat tracks you may be stuck on are often formed in early childhood in response to your individual environment. Exposure to traumatic events as a child are like earthquakes in the CBD construction zone and the use of drugs and alcohol can also cause significant ongoing road damage, potholes and erosion.

Thoughts come into your mind like sushi on the sushi train. You don't often get to control what thoughts pop on the train. Sometimes there are weird random thoughts (especially in OCD) that are not fitting with who you are. You do however have control over whether you take the thought off the train and savour it, smell it, eat it and pay for it.

Alternatively you can just leave it there to go past, (hmmm fried seaweed; not today). People with anxiety have a habit of taking negative thoughts off the train and totally expanding them out. If you just watch the thoughts go by then eventually they go out of date and are removed from the train. In OCD you need to learn to quickly, sort thoughts into "is that me or is that an OCD thought". Remember thoughts are just thoughts, not the truth.

People who are anxious are very good at getting everyone who loves them, and even their doctor sometimes, to do things that help them avoid the horrible sensation of dread or panic or fear. This is natural because it feels awful. But avoidance feeds anxiety while decreasing your coping skills and eroding mastery.

It starts small. For example mum advocates that you don't need to do news at school in year 2 because it makes you feel yucky and vomit; next it's avoiding sport days at school: next it's moving to distance education and before you know it you are that teenager who hasn't been out of the bedroom for three years and uses a commode. The solution to anxiety is to lean into it gently and do more and more of what makes you anxious until it doesn't.

Panic attacks are totally related to blood carbon dioxide levels. They can be created by rapid breathing for 2-3 mins, and they can be undone by slow (at least 9 seconds – in for slow 3, hold for slow 3 and out for slow 3) breathing for 2 – 3 minutes.

You can practice this grounding technique with patients. My favourite is the legs up the wall version. You lie on your back with your legs up the wall (they will never forget lying on the floor with the doctor!). Hands on belly. Slow breaths (9 seconds) in and out to make your hands rise up and down slowly.

Distraction for anxious or suicidal

thinking can be useful. I trace around the patient's hand on a piece of A4 paper. At the top of the page write something like "Safety Plan". Then ask for names of three people they can talk to who would leave them feeling more positive after a conversation and list those at the top of the page.

If they can't think of any, prompt for lifeline or suicide call back service. (You can write down a script if they need it. For example "My doctor asked me to call you as part of my safety plan".) Next ask them for two things they like the smell of (write in one finger), two things they like the taste of (next finger), two things they like the look of (next finger), two things they like to listen to (next finger). Be specific, music is not good enough. What song, what artist, etc. - encourage a special playlist for this activity. Lastly, two things they like the sensation on the skin. Explain when stressed / anxious/ having suicidal thinking (which they will have noticed comes in waves and then settles) they should try to ring people from their list and have a 5-10 min conversation, then work way through the sensory mindfulness exercise doing as many as they can. (Close eyes; it heightens the other senses.)

If appropriate under the hand drawing you may list some emergency medications e.g. 5-10mg of diazepam or 5mg olanzepine wafers, etc. You can do staged supplies e.g. olanzapine wafers 5 mg x 28 dispense in lots of 2 with minimum interval one day from pharmacy X. This means the patient can always have access to a small amount of medication for emergency situations.

Explain how distress comes in waves and this plan is to try and help them ride over the wave. If, when they get through all the activities they feel a little calmer, then the plan has worked. If, when they work through the plan, they are still escalating in distress then they should call the mental health access line 1800 011 511. The **Beyond Now** app by Beyond Blue is excellent in safety planning around suicidal thinking but I still often use the above techniques.

A strategy I often use when either I or the patient is feeling stuck is to explain how people know what is important to you by what you do (not what you think or say). It is actions that demonstrate our values.

There is a list on the internet at Carnegie Mellon University for a **Values Exercise**. You can write your own or use picture cards (I often use **Louise Hays value cards**). Whatever exercise you use, the idea is to get a small list of say, three of them. Then brainstorm a specific activity the patient can do between now and the next appointment to build up that muscle. If they choose compassion, perhaps they could buy some food for someone who is begging. If they choose appreciation perhaps they could make and send a card to someone important to them thanking them for their input.

When referring patients to other mental health professionals I ask them to complete two activities to take to the therapist (and I scan to them to the patient's notes). First is to do a **genogram** and write three descriptive words beside each person, e.g. Mum is creative, disorganized and kind etc. The other is a timeline - on one side of the line are the 10 best experiences they have had and the age they occurred, and on the other side sit the 10 worst things (if not too triggering to do) and the age they occurred. These exercises give an excellent contextual snapshot of a patient and will save a whole psychology session of information gathering.

Lastly, look after yourself. There is very little built into our systems or culture to support those who support the vulnerable and role modelling is the most powerful advice you can give.

Treasury flags a rising bill for elders' health care

It seems safe to predict that by the end of the forty year time-frame encompassed by the **2023 Intergenerational Report**, the sixth produced by Treasury, many readers will have shuffled off this mortal coil, or be well and truly retired. Even the Treasurer himself, as fit as the jogging keeps him, will have hung up the calculator.

But that leaves the rest of the Australian population, predicted to reach 40.5 million, much more than today, living in an economy that could have grown by an average of 2.2 per cent per year in real terms (although less than the 3.1 per cent growth over the past 40 years), and with real incomes around 50 per cent higher.

If that sounds like a lotus land, think again, because Australian Government payments for health care, aged care and the NDIS are projected to increase as a share of GDP from 6.2 per cent in 2022–23 to 10.7 per cent in 2062–63. One of the main reasons is something we can do little about – the ageing process.

Today's life expectancies at birth are 81.3 years for men and 85.2 years for women. By 2062–63 these are expected to be 87.0 years for men and 89.5 years for women.

As the "IGR" - Treasurer Chalmers' abbreviation - notes, 'Over the next 40 years as the population ages more people will fall into the older age groups that are the most frequent users of the public health system.'

At present, it tells us, people aged 65 or older currently account for around 40 per cent of health spending, despite being only 16 per cent of the population. In forty years, the number of people aged 65 and over will more than double and the number aged 85 and over will more than triple.

The costs will be astronomical. Real total health spending on those aged over 65 years is expected to increase around six-fold, with that on those over 85 years to increase around nine-fold.

Then there's the expanded level of aged care spending, the key driver being the number of people aged over 80. This cohort is expected to triple over the timeframe, to more than 3.5 million people by 2062–63.

With understatement, the IGR says, 'This will exert considerable pressure on aged care spending.'

Surprisingly, Australia's population is expected to remain younger than most advanced economies whose revenue raising approaches, notably income tax and more notably in the Nordic countries, might become a model for Australia to follow. At present, the major parties have no wish to discuss tax hikes, and the IGR only hints this could be necessary because of lower birth rates and less paid workers in the economy.

'Changes to the structure of the economy over coming decades could also see other shifts in the composition of the tax base,' it says.

'Governments will need to make choices about how they respond to these shifts in the economy and tax bases while maintaining sustainable public finances and funding essential services.'

Leaving aside the likely ballooning cost of nuclear power submarines, which don't get a specific mention in the report, the five main spending pressures are in health, aged care, the National Disability Insurance Scheme, defence, and debt interest payments. These are projected to rise from around one-third to around one-half of all government spending.

In report-speak, Australians are living longer in full health, with more time using government-funded services.

'Demand for access to the highest standards of care and rapid technological innovation will also place pressure on the Government to increase expenditure,' it suggests.

'Increased longevity, alongside low fertility rates, means the population will continue to age over the next 40 years. Population ageing will be an ongoing economic and fiscal challenge.'

The five major forces that will shape the Australian economy over the coming decade are:

- population ageing
- technological and digital transformation
- climate change and the net zero transformation
- rising demand for care and support services
- geopolitical risk and fragmentation.

Another key yardstick is the 'old-age dependency ratio', which measures the number of people aged 65 and over for every 100 people of traditional working age (15 to 64 years). This is projected to continue to rise, increasing from 26.6 per cent to 38.2 per cent, reflecting the size of the population aged 65 and over growing faster than the working age population. The old-age dependency ratio for First Nations people is much lower, standing at 8.8 in 2021.

Australian Treasurer, Dr Jim Chalmers, launching the 2023 Intergenerational Report at the National Press Club

'Considering escalating health pressures, it will be important to ensure that the health system provides value for money,' the IGR, i.e. the Government, says.

'This requires a health system that innovates and prioritises funding a patient-centred and sustainable Australian healthcare system that delivers the best outcomes for communities. This will require funding arrangements that continue to effectively invest in preventive health and evidence-based health care spending.

'The Strengthening Medicare Taskforce Report released by the Government on 3 February 2023 sets out a recommended pathway for significant reforms to strengthen Medicare and to rebuild primary care. In response to the report, the Government invested $5.7 billion in the 2023–24 Budget to support better access and more affordable care for patients.'

Reports seem to be coming thick and fast, with another recent one, Measuring What Matters (covered in a separate article in this issue) being referenced in the IGR and in the Treasurer's Press Club speech. Once we're clear on what we know and what we think might happen, hopefully there will be action on what must be done to achieve a healthier, happier and more equitable nation.

National Lung Cancer Screening Program Update

On 2 May, changes to the lung cancer screening program were announced by the Minister for Health and Aged Care, the Hon Mark Butler MP. The Government has allocated $263.8 million from 2023-24 to implement a National Lung Cancer Screening Program, scheduled to commence by July 2025.

Key Features of the National Lung Cancer Screening Program:

- The program will offer low-dose CT screening every two years for high-risk individuals aged between 50 and 70, targeting early-stage lung cancer detection.
- The program aims for a 1-2% lung cancer pick-up rate in the general population, with the hope that it will significantly reduce lung cancer mortality.
- Perth, Melbourne, and Sydney are currently serving as trial sites for the International Lung Screening Trial (ILST), investigating low-dose CT screening for lung cancer care in Australia and internationally.

New Eligibility Criteria:

- **Age**: Individuals must be between 50 and 70 years old, irrespective of signs or symptoms.
- **Smoking History**: Patients must currently smoke or have quit smoking within the last 10 years.
- **Smoking Intensity**: A history of smoking at least one pack of cigarettes a day for 30 years (or 2 packs a day for 15 years, equivalent to 30 pack-years.
- **Willingness for Treatment**: Patients must be willing to undergo treatment if lung cancer is detected.

For more information, visit: *https://www.health.gov.au/our-work/national-lung-cancer-screening-program*

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The Rail Trail runs through paradise

Local resident Ron Dowell is a rail trail fan and loves the one being developed here.

The parents of the Northern Rivers Rail Trail (NRRT) are the councils of Tweed, Richmond Valley, Lismore and Byron, guided by a not-for-profit Committee that came together a decade ago with a common vision to preserve this valuable community asset, the 130km disused rail corridor between Murwillumbah and Casino, and convert it to a modern cycle and walking trail through the region's spectacular landscapes.

The aims are for the community to use for getting to school, work and sport, shopping and recreation and for visitors to experience the region's scenery, food and culture, and enjoy a more adventurous experience.

The Rail Trail is not just about a walking track, it's about eco-tourism and host communities, festivals and events, employment, education and workplace training, mental and physical health, equity for the disabled, habitat and wildlife corridors and most importantly, future legacies. It would showcase our natural environment and our beautiful lifestyle to the world.

It could be part of a new way of thinking about walking and riding and public health and happiness, particularly in the regions. As a valid means of transport or for the sheer joy of it, a journey along the rail trail would be safe from traffic and free of exhaust fumes. It would be quiet, interesting, social, comfortable and beautiful and it could inspire the sort of personal changes that people find difficult to make.

And no other rail trail in the world has a renowned tourism hotspot like Byron Bay sitting right in the middle of it, flush with the tourism dollars that can help pay for the project.

The rail trail will help existing businesses and encourage new ones. Seasonal and casual employment will increase as well as new business ownership. It does not all have to be there at the start.

Along the route food outlets (cafes, restaurants, markets, food producers), and accommodation (B&B, farm stay, guest lodges, rural cabins, pubs, motels, luxury tents and camping grounds) will spring up and be sign posted.

Even though we know exercise has enormous health benefits, many people have fewer opportunities to get out and exercise in their communities. There is a lack of places to cycle and walk – particularly in the towns that don't have the luxury of a beach or walking tracks nearby. Pregnant women can walk safely without the pollution of motor vehicles and can later walk their babies in strollers along with their friends – reducing the risk of post-natal depression.

The NRRT will provide habitat and a wildlife corridor that reconnects an assortment of forest remnants. The trail will be able to deliver interpretative displays of most of the types of ecosystems to be found in the region and will be able to showcase the biodiversity for which the Northern Rivers is famous. With long sweeping vistas in both directions, spotting animals or watching for birds will be one of the signature experiences for trail users. Iconic Australian wildlife including Koalas and Wallabies (in the wild) will be a key tourism drawcard.

Users should take water, a strong torch or bike light, wear a helmet or hat and apply sunscreen: it goes without saying cyclists should have a basic repair kit. Food and drink are available from the village outlets and there is also bike hire at both Murwillumbah and Mooball.

The trail is not crowded but you will not be alone, as on average 570 people use the NRRT daily, and the NRRT is free to use.

When the entire 130 km Northern Rivers Rail Trail is complete, numerous rural centres will be connected to Murwillumbah, Byron Bay, Bangalow, Lismore and Casino. It will take some time to complete the next three stages but construction continues and there is a huge amount of work going on behind the scenes.

Much of the material for this article is from the **Northern Rivers Rail Trail website.**

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The Bookshelf

Book Reviews by Robin Osborne

Flawed Hero

Truth, Lies and War Crimes

by Chris Masters

Allen &Unwin 566pp

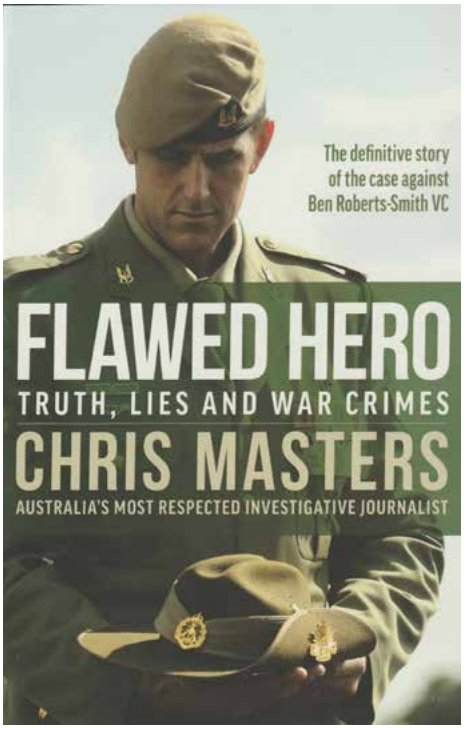
Not long into this hefty account it becomes clear that the title is remarkably generous. Ben Roberts-Smith VC, MG was not so much a "flawed hero", although he was certainly that, but, in the words of one of his comrades in arms, 'an infant who ends up believing his own fantasies', 'a showboating piece of shit', 'a big boofhead'.

In more poetic words, Chris Masters, whose work includes books based on officially-approved embedding with the military in Afghanistan, calls him a "counterfeit exemplar" whose elevation to hero status did nobody, including the man himself, any favours.

Many of the other Special Air Service Regiment (SASR) personnel who served with or, often to their regret, under Roberts-Smith were similarly disparaging, not least those who were bullied by the 2.02 m (6'6") "Big Ben", or worse, punched by him for alleged operational shortcomings.

As unlikeable as he appears, there is no doubt that BRS, as he is known, was a good soldier, 'good' in the sense of battling, and most often killing, what he called the "bad cunts" who inhabited the Taliban infested parts of Afghanistan where Australian troops were deployed. BRS won the Victoria Cross for bravery, later questioned, for his engagement in a battle in 2010.

More controversial were the allegations that BRS, who had never risen above the rank of corporal, was involved in the execution of captive Afghans, including the civilians killed at a compound bearing the military identifier of "Whiskey 108". Here, according to a number of SASR witnesses (and Afghans who were later interviewed)



but denied by others, BRS kicked a man named Ali Jan over a cliff and then directed he be shot.

The prosthetic leg of another executed detainee was taken back to the SASR base where it would be used as a drinking vessel in the bar (officers not welcomed) known as the Fat Lady's Arms.

These abuses during Australia's "longest war" were reported in the Fairfax (later, NINE Media) press and 60 Minutes, as well as The Canberra Times, all within the bounds of our defamation laws, by Chris Masters, the author of this book, and Nick McKenzie, who has authored his own account, Crossing the Line. The word "lies" features in the titles of both, and the court transcripts feature a host of them, told by those loyal to, or in fear of, BRS.

The truthtellers, equal in number, were mostly former troopers, even though many were subpoenaed to appear. To be seen as ratting on mates was the ultimate breach of the regiment's code of silence, whatever the merits. Receiving praise is Capt. Andrew Hastie, now a federal MP, who, fuelled by strong Christian beliefs, was no BRS fan.

Along with other identified excesses, a.k.a. alleged war crimes, these events would also be referred to the Inspector-General of the Australian Defence Force whose 2020 report found "credible information of war crimes committed by the ADF in Afghanistan between 2005 and 2016".

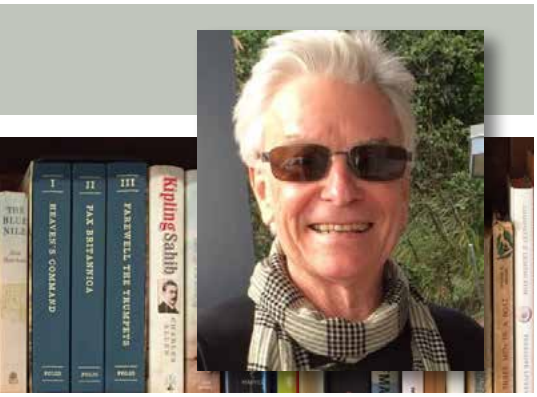
The nub of the story is the defamation action taken against the journalists by BRS and his supporter Kerry Stokes, the WA media magnate and former chair of the Australian War Memorial, an institution that had lionised Roberts-Smith's military achievements. See **previous article** in NorDocs.

The action swings between two disparate battlefields, southern Afghanistan, where the Australians were fighting the "bad cunts" who would eventually take over the country, and the Sydney courtroom where the Stokes-funded lawyers would seek to show that the journalists had pursued an unprovable vendetta against the country's most decorated modern warrior.

Their high-priced battalion included Bruce McClintock SC and Arthur Moses SC, who late in the trial would hit the news as the lover of disgraced former NSW Premier Gladys Berejikilan.

The journalists' team included revered silk Sandy Dawson, who would be stricken by a brain tumour before the trial ended, the unflappable Nicholas Owens SC, and some gun (pardon the pun) legal researchers.

As we now know, the defamation claim failed, leaving BRS with a sullied reputation



and massive legal fees that were still being disputed at the time of writing. An appeal is also being pursued, with even more costs likely.

BRS could have chosen to live quietly as, in the words of the title, a flawed hero – assuming he was not prosecuted for war crimes – albeit minus the wife and other women he had cheated on, and in one case, allegedly assaulted.

Instead, fuelled by hubris, he chose to storm the enemy's position, with the ensuing legal process revealing much that might have remained hidden.

This is a complex and important book, peppered with court transcripts, details of the Afghan theatre, and a mass of military abbreviations and acronyms, one of the commonest being "PUC", a person under control, many of whom ended up dead.

Not surprisingly, the better known "PTSD" often figures, with SASR operatives apparently having a high level of psychological distress post-discharge.

Why did BRS act as he did? According to the author, 'essentially because his mentor, Kerry Stokes, had the funds to back him.

'The war hero cum Seven executive probably felt he had no choice. The allegations against him were too serious to ignore. Yes, it would have been more sensible to keep his powder dry for any criminal trial, but back in 2018 [the trial ran for 110 days and Justice Anthony Besanko's ruling for 700 pages], when the statement of claim was filed, he had cause to believe he would win.'

One wonders if BRS's father, a retired judge, didn't advise him otherwise. Perhaps he had blind faith in his son, as did far too many Australians. In all likelihood, Australia's longest war still has a long tail.

Better Than Happiness

Gregory P. Smith

Penguin Random House 250pp

Dr, as he now is, Gregory Smith emerged from the Goonengerry, northern NSW rainforest in the year 1999, after a decade of surviving in rough isolation, barely expecting to be alive a few weeks later.

Two decades on, he has cleaned up his act in previously unimaginable ways, completing high school education, then a degree, later a PhD (on people who, like him, suffered institutional out-of-home abuse), and now holds an academic position at Southern Cross University.

This is his follow-up to the highly successful *Out of the Forest*, which triggered features in weekend magazines and captivating appearances on ABC RN's Conversations and ABC television's Australian Story, the latter, twice.

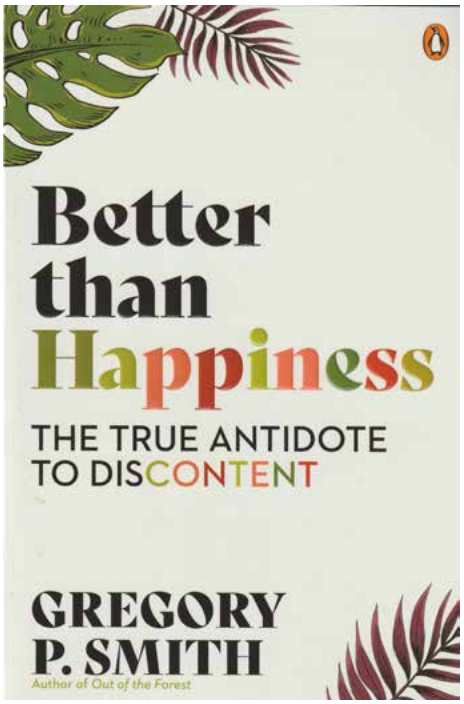
As the book's introduction says, he is 'one of Australia's foremost lived experience experts in post-traumatic stress disorder, mental illness, domestic violence, alcohol and drug addiction, rough sleeping and homelessness.'

He is a survivor of removal from his family, as dysfunctional as it was, and confinement in a Catholic boarding school where the child-inmates were treated appallingly. The psychological impacts were immense, causing him to turn to a transient life of petty crime, and later to committing arson for which he would be charged. The result was a tough and severely damaged man.

Some years ago I encouraged Gregory Smith to speak at a Vinnies sleepout event in Tweed Heads to raise funds for Fred's Place, a homeless person's resource centre. Before the event he walked around, chatting with the clientele and listening to their stories. They recognised him as one of their own yet a personification of other possibilities.

To have become a practising academic is a fate that gave him a great laugh, given he had never finished school, or dreamed of going to university.

Now, he writes that, 'My brain is functioning at a level I'd never thought possible: fresher and sharper than it ever has been... the most amazing part is it has happened in spite of my best efforts to utterly destroy my mind.'



While a shorter memoir than its predecessor, again with editorial input from Craig Henderson, it offers greater detail on the challenges of substance misuse, both the author's own, having lived for years in denial, and observations about the problem at large.

'After wasting half of my life, I have gone from being an unsmiling anti-social recluse who struggled to communicate with a shopkeeper to a public speaker, an advocate and leader in my field.

'It's been a very challenging journey. I am grateful for the doors that have opened in front of me, and particularly that I now have a platform from where I can shine a light on and work to address homelessness, abuse, neglect and trauma among some of the most vulnerable people in society.'

This is a great story, or a series of them, and well told – running a second-hand goods stall in Tweed Heads is especially amusing. Moreover, it ends well, with Smith falling in love with Catherine Player, a journalist who had interviewed him for a regional magazine, and moving in with her and her two children in a house near Orange, NSW.

Last year they had a boy of their own, prompting Smith, now in his late 60s, to wonder, 'How long will I live to be his father?'.

Whatever the answer, there is no doubt that the lad will have some extraordinary reading when he grows up.

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NSW drug inquiries remain in too-hard basket

Notably absent from the new New South Wales Government's first Budget, given the pre-election promise to hold one, was a drug summit to consider how to address the apparently ever increasing consumption of illegal, and in the main, harmful, substances, not the least of them being crystal methamphetamine, a.k.a. "Ice", a stimulant with a high risk of addiction if used regularly.

Easy to conceal and deal, but somewhat harder to kick, ice has been a drug of major concern for at least the past decade. Back in 2015, as we **reported**, the Australian Government was so concerned that it responded to a national "Ice Taskforce" by providing $300M to reduce demand and help the Primary Health Networks to boost drug (and alcohol) treatment services.

The then and current MP for Page, Kevin Hogan, welcomed the package, saying, 'We cannot arrest our way out of this - it is much more than simply a law-and-order issue.'Time moved on and so did the consumption of ice, along with efforts to combat it, both by arresting and educating.

In 2016, the North Coast PHN ran a series of roadshows to promote better understanding of the drug's challenges amongst both the medical and general communities.

We covered this too, **reporting** that 'a significant number of ice users engage in poly-drug use, notably cannabis and high levels of tobacco and alcohol consumption… between 25%-40% of regular users on the North Coast have experienced psychotic symptoms in the past month, according to Samantha Booker [PHN senior project officer, Substance Misuse Program], who said that while less than one-in-four users develops a dependency, the time to become addicted is much faster than either heroin or alcohol'.

Bleak news indeed, and seemingly enough to prompt action by the NSW Government, then headed by Gladys Berejiklian who in 2018 announced a Special Commission of Inquiry led by a distinguished lawyer who, in the years following the report's release, would be slamming the NSW Government, first the Coalition and now Labor, for its inaction.

At the time we **wrote** how the well-informed body had sought input from a range of experts, including addiction counsellors, lawyers, police and ice (and other drug) users themselves.

Hearings were held in both metro and regional areas, including two days in Lismore, and a range of concerns were expressed about the impacts of ice (and other drugs, including alcohol) on anyone using it, especially lower socio-economic groups and First Nations people.

Commission chair, Prof Dan Howard SC, later slammed the government for its outright rejection of five of the 109 recommendations, notably pill testing.

The argument is by no means new. In 2016, in an **article** for this magazine, ACT-based Emergency Physician David Caldicott called pill testing 'vital to help save young lives', warning that prevailing attitudes to recreational drugs needed an urgent re-think. But inaction, or perhaps political cowardice, continues to sway government policy. When in opposition, today's NSW Premier Chris Minns was promising to hold an inquiry if elected. But the recent state budget had no funding for one. Professor Howard has rejoined the fray, saying in late September, 'It is astonishing that there is nothing in this budget for a drug summit, as this has long been a promised part of Labor's platform.

'The hardworking clinicians and NGOs that keep this sector afloat by their sheer devotion to their task, and especially those who struggle to access services, will be very disappointed and troubled by this omission, which can only mean further harmful delays and a shameful continuation of the longstanding drug policy vacuum in NSW.

'The government's apparent paralysis and refusal to move forward on this issue is stigmatising and traumatising to those who have been waiting so long for help.'

According to Legalise Cannabis MP, Jeremy Buckingham, the NSW Health Minister told him a summit had been allocated $1.8M and would be held before the end of the 2023-24 financial year. Professor Howard's inquiry cost more than $10M and was widely praised for its thoroughness.

A great deal of effort and money could be saved by revisiting that earlier report. Should the new regime have trouble finding it on the shelf, they can go to this NSW Government **website** where it sits ready, willing and able to serve the purpose for which it was created.

Pills and heat can kill

One of the main recommendations of the NSW Government's Special Commission of Inquiry into Ice and other harmful drugs was that pill-testing facilities be established at entertainment venues such as music festivals. It was also the recommendation most immediately dismissed, and it has remained on the political back-burner ever since.

Or perhaps more aptly, the political too-hard-basket, firstly with the Berejiklian government, which had instigated the inquiry, then with the successor Perrottet administration, and after the state election, with the Minns Labor government, which on 1 October, following the deaths of two young men at a music event in Sydney, confirmed its opposition to even trialling pill-testing.

This, despite concerns voiced about the likely health risks facing festival goers if summer's predicted El Nino event produces exceptionally high temperatures.

The two men who died recently at the ominously named Knockout Outdoor festival were believed to have had adverse drug reactions. Despite pressure on the NSW Government to rescind its opposition to testing, Health Minister Ryan Park said it was not a "silver bullet" for saving lives, and repeated previous comments that a drug summit would be held within the Government's first term.

No funding was allocated in the recent NSW Budget for such a summit, drawing criticism from various quarters. During the 2028-19 summer festival season, six deaths were associated with drug use, the coroner saying a combination of extreme heat and low hydration was the main contributor to the incidents.

Festival organisers, who in the main support properly managed pill-testing, are eyeing the upcoming music season with even more nervousness than usual.

The "festival season" in NSW kicked off in late September with the Listen Out event, the start of which was preceded by a NSW Health warning about ultra high-dose MDMA (ecstasy) tablets stamped "Gucci" that could have potentially life-threatening effects.

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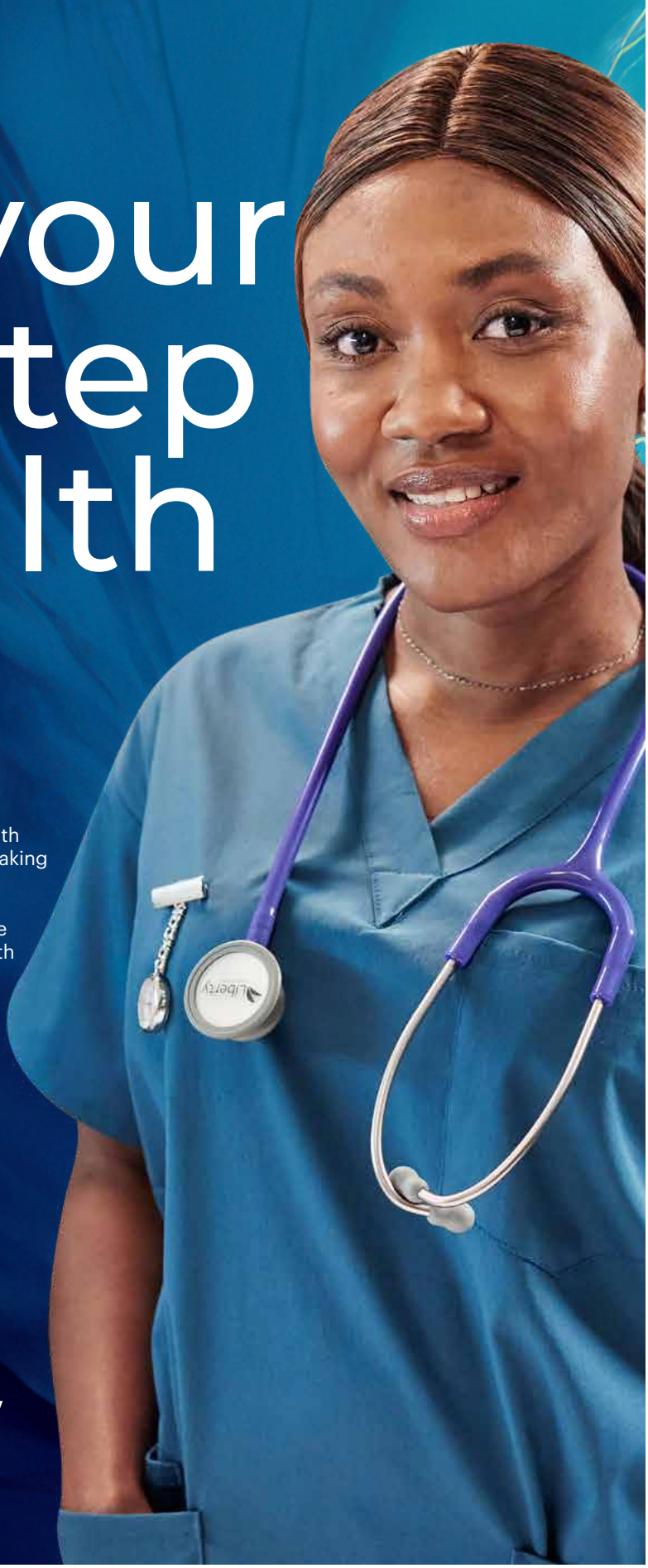

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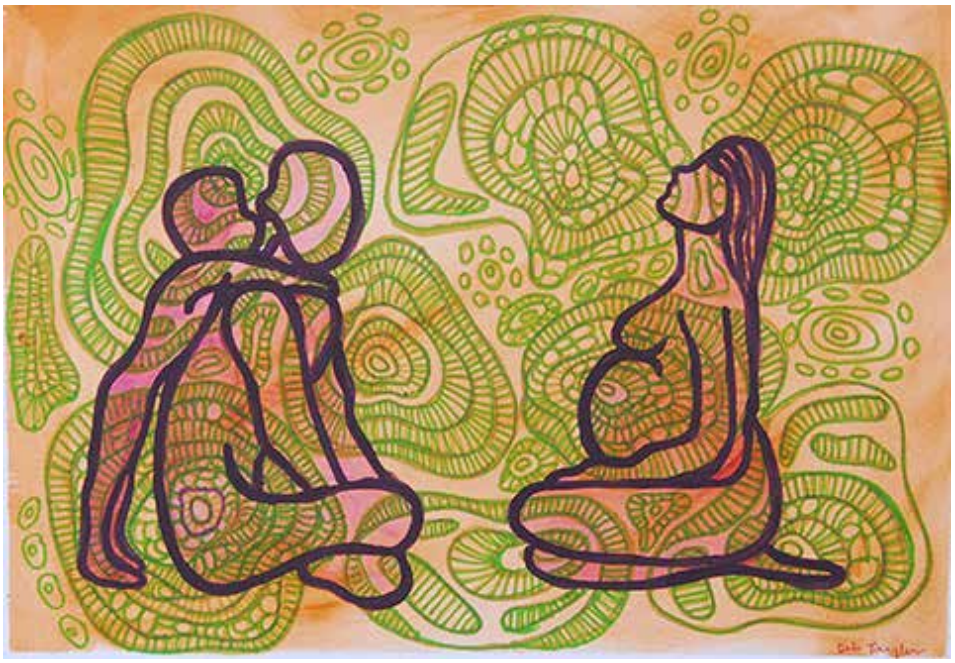
‘My Place is Your Place’

‘My Place is your Place’ - Strengthening cultural connections at Lismore Base Hospital Women’s Care Unit.

by Fiona Baker

Northern NSW Local Health District



Aboriginal women and their families who come to the Lismore Base Hospital (LBH) Women’s Care Unit will be better connected to culture and Country, thanks to a suite of artworks now in place throughout the Unit.

The artworks are part of the ‘My Place is your Place’ project, a collaboration between the Aboriginal Maternal Infant Health Service (AMIHS), Lismore Base Hospital and Arts Northern Rivers to improve the cultural inclusiveness and safety of the Women’s Care Unit.

We worked together with local Aboriginal communities and artists to create a culturally inclusive safe place that represents place, birthing and connections for women to birth their babies surrounded by family,” Tahlia Brice, Aboriginal Health Worker, AMIHS, said.

Carmel Kapeen, Tahlia Brice and Doreen Kelly

“This initiative is an important step in supporting the social and emotional wellbeing of Aboriginal women in pregnancy and birth, which we know can contribute to reducing the risk of perinatal anxiety, which can have lasting effects on a woman and her baby.”

Ms Brice said the project empowered women and their families, thanks to the strong connections between health, the arts and Aboriginal communities. “The coming together of our beautiful local artists brings a deep connection to our traditional Elders, mothers, aunties and sisters who have birthed on this beautiful country for thousands of years. This provides me with a feeling of culturally safety and connection to Country, for when it is my turn to birth my own babies.”

The project was developed through community consultation with Bundjalung, Githabul, Yaegl and Gumbaynggirr people, and partners. The ‘My Place is your Place’ initiative was both the overall winner of the NNSWLHD 2021 Quality Awards and the category winner for Excellence in Aboriginal Healthcare. The artworks run the full length of the Women’s Care Unit corridor, and feature in each of the five birthing rooms, as well as a separate culturally safe room for families.

Aboriginal language names have been included, alongside their English translations. The Women’s Care Unit is called ‘Nyee Gumaa Merang Maa’ which means Women’s Caring Place.

“The artwork gives me greater pride and connectedness to my land and culture, and as an Aboriginal woman and Aboriginal Health Worker,” Carmel Kapeen, Aboriginal Health Worker, AMIHS, said.

“New mums have reported to me that they feel comfortable seeing the beautiful artworks in the Unit.”

Kylie Caldwell, Indigenous Arts Officer, Arts Northern Rivers acknowledged the local connections which are crucial to the success of the initiative. “Each piece of art tells a story. The artworks represent place, birthing and connections to family and Country. The artworks share the story with each of us – allowing us to absorb the beauty and to offer opportunity for understanding and appreciation of Aboriginal culture and community,” Kylie said.

The ‘My Place is your Place’ initiative was both the overall winner of the NNSWLHD 2021 Quality Awards and the category winner for Excellence in Aboriginal Healthcare.

Image Birth suite artwork by Deb Taylor - courtesy of Arts Northern Rivers

See more on the website.

Film Series review: Succession

by David Guest

Succession: 4 SEASONS | 39 EPISODES
HBO

Warning: Spoilers ahead.

After five years, four seasons and 39+ hours of broadcast the TV series *Succession* has come to an end. It has received much praise and commentary, so what's it all about?

The series is set in the world of Logan Roy, a self-made billionaire and head of media conglomerate, Waystar Royco. Logan, now in his eighties, hopes that one of his four children will step up to lead the company after his departure. Over the course of the series the shifting fortunes of the children make each of them a potential successor, at least for a while.

On one level the show can be reduced to just a tale of a bunch of rich, white, mostly cis, mostly male sociopaths shouting at and manipulating each other. While this summary is superficially true, the ultra rich of New York business provide a rich canvas for showrunner, Jesse Armstrong, to paint a picture of today's society.

One could also argue that the first episode is merely repeated 38 times with slight variations on the theme. As in other black comedies the characters never progress or learn from their experiences. They can be compared to the characters in *Seinfeld*. Terrible people in whom we eventually invest our sympathies in the hope that they will improve but who continually disappoint and in the end never surprise.

However, *Succession* takes the pathos and the bathos to a far higher level.

The show takes its inspiration from the real life, family run, media conglomerates of Rupert Murdoch and Sumner Redstone. *Succession*, however, has far more subtlety to it than merely art imitating life.

Succession has been described as Shakespearean. Not only through parallels with King Lear and Macbeth but through the inner turmoil of the characters and how their character flaws lead to their eventual downfall.

It has been described as Machiavellian.

Power is the only goal for which they strive. Power is reflected through their obvious wealth and the nouveau riche exert their influence through their shareholdings and the seats on the Boards they control. The family may agonise about the stock price of Wayster Royco but it is only so that they can achieve their business aims.

The series has been praised for its attention to detail. Through the Roy family trust, Waystar has to ride the perils of breaching loan covenants and dancing with the devil as they take on private equity. Logan survives a no confidence vote, swallows a "poison pill" and looks at a M&A to achieve the best for the company. A "**kinder and gentler hostile takeover**" is not in the Roy lexicon.

Waystar Royco is old media and old media is definitely on the wane. It is threatened by upcoming internet based companies like Vaulter in the first series and GoJo in the final. The smoke and mirrors pitches in these episodes reflect the astronomical but transient values placed by the markets on these new tech disruptors. Fashion and fame can see fortunes being made overnight only for the companies to be reduced to penny dreadfuls the next day.

Power is the lifeblood of politics and the Roys with their money, media outlets and agenda have little hesitation in shaping the country's political future. They agonise about the "optics" and always seek to control the agenda.

Armstrong has no hesitation in ridiculing their sometimes feeble attempts. In season 2, Tom Wambsgans, head of ATN - Waystar Royco's media arm, and his sidekick, "Cousin Greg" suggest a new slogan for the company. They opt for Greg's suggestion of "We hear, for you" but the snickers from the audience at its launch soon causes that double entendre to be canned.

The production quality of *Succession* has been recognised by industry peers. While the first season starts slowly, the development of the characters over the rest of the saga has been recognised by multiple awards.

Through *Succession*, Brian Cox (Logan Roy), Jeremy Strong (Kendall Roy), Kieran Culkin (Roman Roy) Sarah Snook (Shiv Roy), Kevin Macfadyen (Tom Wambsgans) and even Nick Braun (Cousin Greg) have had career defining roles.

As a method actor Strong truly inhabits the Kendall persona and while this makes for great theatre the intensity of his performance puts pressure on the other members of the cast. Brian Cox has **expressed concern** for Strong and his method of acting and has echoed **Laurence Olivier's advice** to that other famous method actor, Dustin Hoffman, to ease back and "try acting" instead.

The technical aspects of the filming have also received high praise. *Succession* is shot in a **cinéma vérité** style with scene blocking, pop zooms and late cuts. There are no flashbacks or voiceovers in *Succession*; the audience is strapped to the cameraman as he and they try to find their way through the Roys' labyrinthine world.

Although the plot line has been meticulously scripted, the director allows a degree of improvisation to the actors, cinematographers and editors.

Succession is wordy but the dialogue is often inarticulate. Cousin Greg is the master of this but the audience will often learn more about a character from their silence in response to a vulgar or pithy put down. Each member of the family develops their own intonation of "Huh" that says much more about their situation than any words could do.

The sets and costumes are exquisite. With their wealth the Roys enjoy the best clothes, cars, helicopters, jets, boats, ranches and apartments. Second cousin Greg Hirsch comes from the poor side of the family but weedles his way in and over the course of the series progresses from his humble, bumbling origins to the outer reaches of the inner circle. Unlike the other Roys, when he finally gets a $40,000 Rolex, he joyously flaunts his new found wealth.

Attention to detail is the hallmark of the *Succession* production. Even the opening credits have been praised for the way they foreshadow the power, wealth, social dynamics and family dysfunction of the Roy household.

Similarly, the dissonance in the score by composer, Nicholas Britell, captures the mood of the darker forces at play on the screen.

Succession excels in many ways but it owes its prominent place in the film archives from its depiction of the tensions within a family. Bound to each other through their bloodline the protagonists repeatedly tear each other apart.

Any of them could walk away from the family business and its trauma at any time but the money, the power and their ambition keeps drawing them back. They live in an **existential hell**. As the philosopher most associated with the existentialist movement, Jean-Paul Satre, has said "**L'enfer, c'est les autres**" ("Hell is other people"). For the Roys it's the family.

Watching *Succession* is a commitment but if you survive the first four episodes of season one it is well worth it. If you make it to the end of season four, you can rewatch it to see what you missed the first time around.

Enjoy or marvel at the monsters within.

Mobile dental van hits the road

Children in Northern NSW communities now have better access to preventive dental care and treatment, thanks to a mobile dental van operating in the region.

'The schools involved in this program are in regional and remote communities, so by bringing this service to them we're removing the barriers to accessing dental services,' said Minister for Regional Health, Ryan Park.

'We know dental healthcare is critical to children's physical development and wellbeing, and we know regular dental check-ups are linked to better outcomes in childhood.'

The service is an extension of the NSW Health Primary School Mobile Dental Program, with Northern NSW Local Health District Oral Health Service running a pilot program to visit several local primary schools throughout 2023.

Dr Angie Nilsson, Clinical Director Oral Health Services, said primary school children are at an important point in their dental journey as their adult teeth start to come through.

'We're helping kids set good oral health practices for life and ensuring they get the best start for healthy teeth and gums. It can take more than two hours for some of our communities to travel to access the public dental service, and in areas with limited public transport options, it's even more of a challenge.'

The services will include check-ups, cleans, x-rays and other preventive treatments and will help to set children on a path to good dental health for life.

MP for Lismore. Janelle Saffin said,' Children in Bonalbo have already benefited from the service, and it is great to know the mobile clinic is planned to visit students in Urbenville, Tabulam and Kyogle.'

Bonalbo Central School was the first school to host the dental van, with close to 100 percent of the primary school children receiving check-ups. Bonalbo Central School Relieving Assistant Principal, Kim James, said, 'Students from kindergarten to Year 6 had dental check-ups and minor dental work done, which was fantastic.'

Travel to Bali

Robin Osborne fell in love with Bali in 1971 and still finds it a place of wonder.

> *Well I wandered off to Ubud, just a little up the track*
>
> *One week there didn't want to come back…*
>
> *- Redgum (1984) -* **"I've been to Bali too"**

Bali has many faces and one of them continues to be the Kuta beach area, anthemically captured by Redgum, where bars pump out loud music and Bintang beer for youthful tourists, mostly from Australia, on what is often their first visit to this memorable Indonesian island.

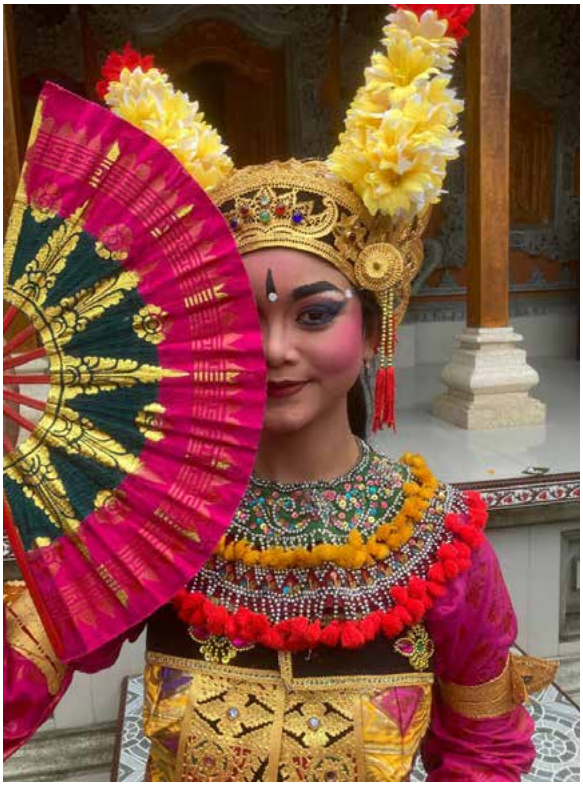
Sadly, it is also the site of the 2002 terrorist bombing that killed 202 people. Lest we forget.

Far away – by winding road if not as the crow flies ¬– lies the elevated town of Ubud, nowadays with luxurious hotels and yoga studios, but a cultural and climatic relief from the frantic coastal strip.

The commercial centre is bounded by Monkey Forest Road, a name unaccountably rendered in English, and Jalan Hanuman (after the white king of the monkeys in the Hindu Ramayana epic). It is lined with shops, ranging from the classy to the tacky, and a swag of cafes and restaurants. The footpaths are crowded now, and still unspeakably bad, but surprisingly close by lie flooded rice fields where ducks dive for frogs and insects, watched by egrets who survive on the leftovers.

Around these paddies, which can grow two crops a year, Balinese rural life goes on, and one wonders where and how the farmers actually live. Surely not in the rundown huts in the middle of the fields? No, these are for the ducks, which emerge in single file each morning, forage all day and then line up for a supplementary snack and containment for the night. I enjoy watching them so much that I have never been able to order bebek betutu, roast duck, a Balinese specialty.

As fascinating as it is to watch this ritual from one's hotel veranda, it is only a glimpse of agrarian life, a picture better completed by taking one of the few genuine



village tours on offer, in this case by a not-for-profit called the Togetherness Project that is based in Pesalakan, a village 15 minutes from central Ubud yet a world away.

The half-day tour begins with early morning hotel pickup and transfer to a local family compound within the village, where coffee is served and an explanation given about how Balinese walled compounds function. Then comes a guided walk to view rice fields and vegetable gardens, before returning for a splendid lunch made from local produce, and a traditional dance from the 14-year-old niece of our guide, accompanied by taped gamelan music.

For visitors unlikely to see how the 'real Bali' functions, which is probably most of us, this experience cannot be more highly recommended. The project started during COVID-19 when Bali went into lockdown and tourism income dried up. Like many parts of the island, locals would spend part of their time in paid employment outside of the village.

The catalyst was David Metcalf, a foreign photographer who approached Made Astawa, the leader of the village council, or banjar, and asked what he might do to help during the crisis. Teaming up with another part-time resident, Suzan Badgley from Canada, he set up a fund, sought donations from abroad and identified employment creation as a first priority.

In years past, textile weaving with silk and cotton brocade had been a creative focus, and the local master weaver, Ibu Agung, and other women were encouraged to revive their efforts and pass their skills to a younger generation. Handlooms were brought out of storage, extra looms acquired, and cotton and silk thread bought at nearby markets.

Since the cottage industry in woven ikat textiles has been revived, the sale of these beautiful pieces of art has helped

revive the village's sustainability.

Another initiative has been the project known as "Plastic for rice", inspired by a local deeply troubled by the accumulation of non-destructible waste, notably plastics. The collected trash is handed to a rubbish bank and sold to a recycling company. Already, more than two tonnes of garbage have been cleaned up from village centres, rice fields and waterways, with communities trading it for sacks of rice grain.

During our walk we saw a graphic noticeboard outside a primary school, headed 'How long rubbish lasts'. It featured samples of common waste, including plastic water bottles, aluminium cans, and cigarette butts, along with their projected life spans, respectively 450, 200 and 10 years. Amidst the ancient beauty of Bali, this was one of my most vivid memories. I would like to see these simple signs outside every supermarket in Australia.

Waste of a more biodegradable and cultural kind littered the side roads where a few days earlier a mass cremation ceremony had been held. A swathe of handcrafted religious items made of shaved bamboo, palm leaves and brightly coloured paper, not to forget a decomposing pig's head, had survived the fire but would soon be reburned.

'We live and then we die,' said Wayan, our guide, matter of factly, explaining that only the very rich could afford a one-person funeral ceremony, which could cost up to A$10,000. More usually, there would be a group ceremony with ten or more families burying their dead for long enough to save money, and then exhuming the remains and contributing to a mass ceremony, including cremation and transporting the ashes to the distant ocean for dispersal.

The transience of life is never far from one's thoughts here, especially as there's no chance of living as long as a plastic water bottle.

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