NorDocs

The quarterly magazine of the Northern Rivers Doctors Network

Spring 2021

- Afghanistan under arms
- COVID-19: lockdowns and rollouts
- Theatre, books & more...

ⓔ info@nordocs.org.au

ⓦ nordocs.org.au

NorDocs
The quarterly magazine of the Northern River Doctors Network

Published by:
Northern Rivers Medical Network
info@nordocs.org.au
www.nordocs.org.au

IN THIS ISSUE

Front cover:

Distant Afghanistan has been much in the news this year, culminating with the country's takeover by the Taliban resistance forces. This prompted Australians to ask how it happened so quickly, and why we didn't move faster to rescue those Afghans who assisted our troops (as well as embassy and NGO staff and journalists) deployed there over the years.

In addition, a commission of inquiry found ADF special forces may have committed serious war crimes. The Morrison government - after much pressure - established a Royal Commission into Defence and Veteran Suicide. Personnel who served in Afghanistan – now widely viewed as both a lost and a futile war – are considered to be at particular risk of having mental health concerns.

While Afghanistan, the 'graveyard of empires', has a long history of conflict its peak militarisation began four decades ago when the Soviets rumbled down to install a puppet regime and, before long, to face an Islamic fightback. This marked the birth of 'war rugs' incorporating motifs of armaments such as tanks, aircraft and the ubiquitous AK-47 into the country's superb hand-woven carpets.

Our cover shows some of these creations, part of a collection curated over the years and exhibited recently by Tim Bonyhady and Nigel Lendon at ANU's Drill Hall Gallery. The exhibition is likely to tour soon. Recent events suggest the war rugs are not about to become a thing of the past.

Cover image courtesy of Drill Hall Gallery, Australian National University, Canberra.

NORDOCS ON THE WEB: www.nordocs.org.au

SEARCH - NorDocs is available in pdf and Issuu format from our website. **Article references are available via the online hot links.**

SUBSCRIBE - Get the latest from NorDocs by subscribing to the newsletter

WRITE - Unless otherwise stated all articles in NorDocs can be reshared under CC BY-SA 3.0 AU
NorDocs welcomes contributions from members and the general public.

TWEET - Follow **@nordocs_nsw**

FACEBOOK - join the private group Northern Rivers Doctors Group on Facebook

Editorial

David Guest - Clinical Editor

'Two weeks after getting a first dose of a Pfizer COVID-19 vaccine, a 56-year-old doctor in South Florida died in January [2021], possibly the nation's first death linked to the vaccine.

'Health officials from Florida and the Centers for Disease Control and Prevention are investigating what role, if any, the vaccine played in the death of Dr. Gregory Michael, a Miami-Beach obstetrician who, his family says, was in otherwise good health.'

So wrote the South Florida Sun Sentinel earlier this year. The link to the article surged on Facebook to become one of the most frequently viewed items of the year. (The coroner subsequently found that there was insufficient evidence linking the vaccine with the doctor's death).

This and many similar stories were widely distributed on Facebook and other social media in early 2021 and are said to be one of the major reasons for COVID-19 vaccine hesitancy and refusal in the USA.

As a result Facebook, YouTube and Twitter have faced strong criticism over their failures to suppress or at least restrict the promotion of similar stories. President Biden initially said the platforms were 'killing people' and the US Surgeon General called such misinformation an 'urgent threat'.

In response to these criticisms Facebook launched its Transparency Center in May 2021 with the aim of highlighting its efforts to reduce unacceptable content on the platform. It focuses on eliminating adult nudity, bullying and harassment postings, hate speech, violent and graphic content, and copyright violations.

The Center also reports on government requests for user data and government ordered content restrictions. The latest data for Australia notes Facebook has restricted content relating to material about President Bolsanaro's supporters. Facebook is appealing a Brazilian Supreme Court ruling against its ban.

In late August Facebook responded to criticism that it was fueling COVID-19 misinformation by adding a quarterly Widely Read Content Report to the Transparency Centre. The analysis suggests cat videos are more widely shared than links to news sites – major news outlets account for only 0.31% of all content views in a typical user's feed.

In February 2021 Facebook looked set to block all Australian news outlets following the drafting of the News Media and Digital Platforms Mandatory Bargaining Code bill that proposed payment by social media platforms and search engines for links to Australian media sites. Facebook and Google called Treasurer Josh Frydenberg's bluff and the bill was subsequently watered down.

Facebook and Google aim to be open platforms that allow their users to share any content and discuss any topic, subject to the laws of the land. When the restrictions imposed by government are too onerous they have been forced to withdraw. Both are banned in China, Syria, Iran and North Korea – an axis of non-access.

Users are swayed by people they trust, people with whom they have a relationship such as friends and family, work colleagues and others in their social networks. Restricting such conversations tests the underlying tenets of a free and democratic society.

The death of the South Florida doctor is a fact reported by The Tribune, America's second most widely read newspaper publisher. This was fuel to the fire for the anti-vaccination movement. However, it is better that the case be reported, discussed and debated in public, messy though that might be, rather than being suppressed by government direction.

In Australia the COVID-19 epidemic dominates our medical and political discussions. It's been a roller coaster ride.

Masks were out and then they were in. Australia as an island at the end of the world fared better than most by adopting strict nationwide isolation. That was all that was needed until it wasn't.

The ultimate goal was for vaccination to be the way out of the pandemic. It was 'the light at the end of the tunnel'. For the Prime Minister it wasn't a race, then Delta came along and it became one.

Australia secured, with some difficulty, plenty of the AstraZeneca vaccine. The rare complication of immunologic based clotting received widespread media and social media discussion and resulted in a kind of 'pre-nocebo' effect.

To minimise the risk Australia set up programs for early detection and treatment of this complication. These measures have reduced the death rate for AstraZeneca vaccine related thrombosis to less than one-in-a-million.

Each morning the NSW populace hangs out for the NSW Health briefing with the Premier, the State Health Minister and the Chief Health Officer to hear the latest number of new COVID-19 cases. Unlike in, say, the ACT, where every briefing begins with the tally of case numbers, Premier Berejiklian announces these almost as an afterthought, following verbiage about the number of vaccinations and tests. This has become the Premier's mandated script - keep mentioning the 70% and 80% targets, and what will follow when these are achieved... not the likelihood of bulging hospitals but picnics on the grass during the coming Spring weather.

Yet the march of Delta continues on, with a reproduction number (R0) of about 1.2 the numbers are rising steadily.

Some view this as a great success given that the variant's R0 is 6 if no restrictions are in place. However, it's still a hard sell for the Premier and her tag-team.

Voters are upset. The recommendations change frequently, the restrictions are damaging to the public's economic and mental health and the restrictions disproportionately affect the poor and socially disadvantaged.

Yet, it is hard to see how it can be otherwise. The science of COVID-19 infection and its treatment is constantly evolving. We are 'building the airplane as we fly'. The recommendations are different

continued P5

In today's highly competitive environment you need an adviser that you can trust.

TNR has been providing leading accounting, audit and advisory services to individuals, professionals and businesses in Northern NSW and South East Queensland since 1899.

We specialise in providing high quality accounting and advisory services to health professionals. Our qualified and experienced team will help you take control of your financial future and deliver quality of life solutions by building net wealth.

Contact us to experience leading edge service and specialist advice for all your financial needs:

- Business & Taxation Advice
- Superannuation
- Accounting
- Financial Audit & Business Improvement
- Estate Planning
- Financial Planning

CLIENT CHOICE AWARDS WINNER 2020

31 KEEN STREET, LISMORE NSW 2480 | SUITE 901, LEVEL 9 THE ROCKET, 203 ROBINA TOWN CENTRE DRIVE ROBINA QLD 4226
T: +61 (0) 2 6626 3000 / E: enquiries@tnr.com.au / TNR.COM.AU

HLB WE ARE AN INDEPENDENT MEMBER OF THE GLOBAL ADVISORY AND ACCOUNTING NETWORK

Editorial

continued from P3

now, they will change again… they were not wrong before but our understanding of the science has changed.

Sensationalist journalism does not help. The public takes the 'latest word as the last word' and when the science changes so frequently readers become confused and angry.

Our best hope is to continually highlight that our recommendations are based on our current understanding of the science and that journalists should acknowledge this limitation.

The dilemma was most forcefully put by Philip Graham, former editor of The Washington Post speaking to overseas correspondents in 1963, when he said, '*So let us today drudge on about our inescapably impossible task of providing every week a first rough draft of history that will never really be completed about a world we can never really understand …*'

As the war in Afghanistan winds down, Robin Osborne on page 8 reflects on the chequered history of foreign occupations of the country. The 1842 retreat from Kabul is one of the worst military defeats in English history and the subject of 19th century art and 20th century fiction. Of the 16,000 soldiers and civilians at the British garrison that made the retreat from Kabul to Jalalabad only one European made it through.

Russia in the 1980s and now America and its Allies have faced similar military humiliation. America spent vast sums of money on nation building but, like its experience in Vietnam, has found that supporting a corrupt regime is not the way to win the hearts and minds of the people.

With the decline of American influence in the area it is expected there will be closer ties between China and Afghanistan. The Chinese are said to favour the long game and prefer economic over military coercion. Given its history Afghanistan may yet test them.

Robin also covers the heavily redacted 2020 Brereton inquiry into Australian war crimes in Afghanistan. This was first brought to the public's attention by last year's 4 Corners program The Killing Field. Since then producer Mark Willacy has written a book on the subject, Rogue Forces. He was interviewed about it and his investigations in August 2021 by Richard Fidler in his Conversations series.

Australia is now focussing on the mental health of returned servicemen. The lack of moral clarity in the war's aims and execution has had a serious impact on their health and echoes the American and Australian experience of the Vietnam war.

None have suffered as much as the Afghanis themselves. On page 10 Robin Osborne covers the effects of a 20-year war on the arts and culture of the Afghanistan people. Our cover depicts three of the carpets recently on display at the ANU's Drill Hall Gallery. They feature tanks and Kalashnikovs, bombers and choppers, the images of a war-torn nation.

The public takes the 'latest word as the last word' and when the science changes so frequently readers become confused and angry.

On page 6 Dr Dr Paresh Dawda reviews the problem of unwarranted variation in primary healthcare in Australia. He identifies three reasons for this. Variation in supply and demand and also variations in the quality of care provided as measured against external criteria such as those determined by clinical trials.

Incentives, training and education can partially address the first two causes. He explores novel approaches to the third, using a behavioural economics approach. The Department of Health's BERT (Behavioural Economics and Research Team) has shown a reduction in antibiotic use for 12 months after one of their interventions. However, some GPs found the idea that the Department was experimenting on them unsettling.

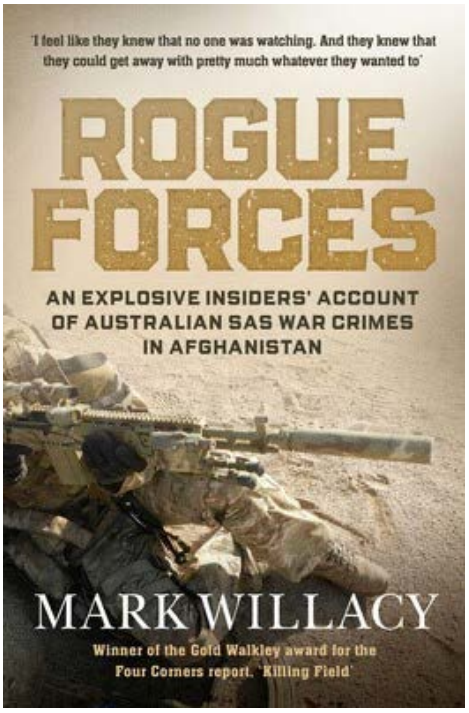
Dawda also favours a bottom-up approach for practice improvement. The top-down technique is typified by activities such as accreditation and re-credentialing while the bottom-up advocates using a quality improvement (QI) paradigm. Government support for a QI approach largely ceased in 2016 and has been only tokenistic since.

Our book reviews on pages 28, 29 and and 33 highlight a common theme. Namely that we are social beings whose personality and approach to life are formed in our first few years and are nurtured in a supportive environment throughout childhood. Subsequent happiness depends on the degree of control one has over one's life, whether that be at home or work.

NorDocs is continuing its monthly webinar series. It is taking a new approach more akin to a modern podcast format rather than traditional lecture presentation. The intention is to make the sessions more interactive and more relevant for local GPs. Meetings are scheduled for 7.30 pm on the second Wednesday of the month and are recorded. Links to the next and last meetings are found on the NorDocs website under NorDocs Webinar Series.

It remains to be seen whether NSW will reach its targets of 70% and 80% two dose COVID-19 vaccination levels during Spring 2021. If so, this will be a great relief to many as society begins to open up and life gradually returns to normal.

However, it will be tempered by the knowledge that many of the unvaccinated will become infected and are likely to face the consequences in the months ahead, despite everyone's best efforts. We can't force them to be vaccinated but we should provide every incentive to encourage compliance. It's in everyone's interests, which is why NorDocs encourages all community members to get 'the jab'.



Unwarranted variation in primary healthcare

by Paresh Dawda
General Practitioner, Canberra.

Between May-July this year the NSW Agency for Clinical Innovation ran a crowdsourcing challenge, inclusive of a Twitter chat, to gain insights and perspectives from clinicians, managers and consumers to contribute towards an action plan to tackle unwarranted clinical variation in NSW.

It was a tweet on this feed that led to an invitation to author this article in which I discuss the background of clinical variation in health care with a focus on primary care, the Australian experience of identifying, understanding and managing variation, followed by strategies to address variation.

Variation in healthcare is not a new phenomenon. For example, a 1930s review of tonsillectomies across London boroughs found a 20-fold variation, leading to the conclusion that there was a 'tendency for the operation to be performed as a routine prophylactic ritual for no particular reason and with no particular result'. A troublesome conclusion, particularly because at that time tonsillectomy operations led to the death of seven children every month in England.

Now, almost a century later, we continue to observe wide variations in clinical practice that cannot be explained by patient preference or illness severity. These variations are unwarranted. There are three types of unwarranted variation:

1. Variations in effective care and patient safety

2. Variations in preference-sensitive care

3. Variations in supply-sensitive care

Variations in effective care and patient safety are variations in care for which effectiveness has been demonstrated in multiple pieces of well designed research and whose use does not involve substantial trade-offs that depend on patient preferences. The CareTrack study explored the appropriateness of health care delivery in Australia across 22 conditions and found appropriate care was delivered on average 57% of the time. Whilst the study caused considerable debate at the time about the headline figure, more importantly healthcare providers in the study showed

a variation of between 32-86%. Some were able to deliver appropriate care more often and others were not. The big question is, why?

Variation in preference-sensitive care describes conditions where two or more medically acceptable options exist, and the choice therefore should depend on patient preferences. An example may include treatment of early-stage prostate cancer.

Variation in supply-sensitive care reflects a complex phenomenon in which variation is correlated with the supply of health care services and in the absence of medical evidence and clinical theory. At its simplest, it occurs because there is a greater supply of a particular service than the need. Consider procedures such as knee arthroscopy, endoscopy and angiography as examples.

Australia's journey in exploring variation in healthcare is young. The first Australian Atlas of Variation was published in 2015 and since then there have been another three published. Themes explored in the atlases have included surgery, medications, investigations, maternity and women's health, hospitalisations and chronic diseases.

A specific theme on variation on antibiotic dispensing showed Australia dispensed more than twice as many antibiotics as other countries like Sweden. Identifying that the volume of scripts prescribed by GPs was a significant contributor to Australia's antibiotic dispensing rates the Australian Government successfully undertook a trial of a behavioural economics approach to change GP prescribing behaviour. GPs who were in the top 30% of antibiotics prescribers were sent one of four different letters:

a. An education letter

b. An education with peer comparison letter

c. Peer comparison with graph letter, i.e. visually showing variation and feedback on where they are as an individual in that variation

d. Peer comparison with delayed prescribing letter

The trial found that a peer comparison letter with a graph performed best and led to just over a 12% reduction in prescribing.

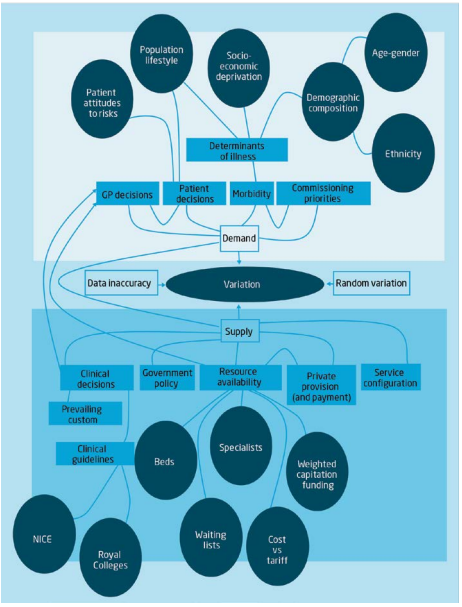
Building on this success the Department of Health has sought to use a similarly targeted letter approach to tackle variation in a range of areas such as opioid prescribing and billing practices. These 'nudge campaigns' have been somewhat more controversial and an independent review found them to be only partially effective, although there is other evidence supporting the ongoing use of nudge approaches provided they are subject to evaluation.

Based on these observations we can hypothesise that the near future will continue to have an emphasis on reducing unwarranted variation in healthcare, including primary health care. Much of the activity in primary care to date has focused on the individual clinician and has taken a judgmental paradigm.

I would argue that this paradigm needs to change and shift to one which has an improvement (and non-judgemental) focus and one which facilitates a bottom-up approach rather than the top-down approach that we have experienced to date. More importantly, an individual's contribution to unwarranted variations is often relatively small and the unwarranted variation is determined to a much greater extent by the system those individuals work in.

The causes of variation are complex and multidimensional as shown in the diagram

below reproduced from a paper by the King's Fund in the UK. [Variations in health care]



The solution to address these causes therefore needs to be multidimensional. Importantly, I believe that health services including general practices need to proactively engage in understanding their own variation and that of the clinicians within their practice. The first step to addressing variation therefore is clinical leadership at the practice level. Research has shown that high performing healthcare organisations deliberately design their clinical microsystems. That is, they identify populations and subpopulations with similar needs and have noticeably clearer structures, processes, and procedures of how care is delivered for that subpopulation.

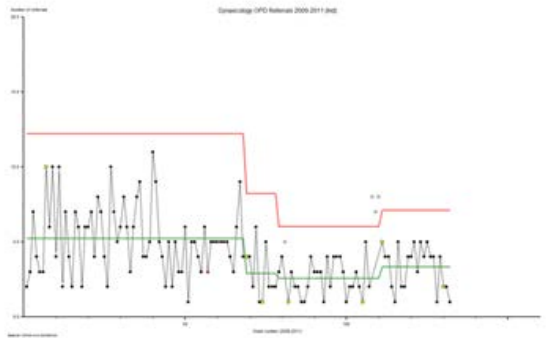
If we accept that we need to address clinical variation, then we need our clinical information systems to be much more sophisticated, with reporting engines that can provide reports so we can ask meaningful questions of the data and then analyse that data to answer those meaningful questions. This requires a learning culture philosophy and application of a quality improvement paradigm.

At a practice level when variation is found the next step is to understand the reasons for the variation. An extremely useful way to do this is to use a root cause analysis approach. That is to ask the question 'why?' five times. Doing so in an inclusive way helps the whole team to undertake diagnostics to understand the causes of variation.

Once the causes of variation are known and understood an improvement methodology, such as the model for improvement, may be used to make improvements and monitor for improvement.

Example

The same practice as in the previous example decided to look at their referrals to gynaecology outpatients. They found that there was a wide variation in the referral rates. They undertook a root cause analysis approach. One of the GPs had a special interest in women's health. They instigated weekly referral meetings coordinated by the GP with the special interest. At the weekly meeting each of the GPs brought cases they were considering referring and discussed them. The GP with the special interest met with a gynaecologist monthly to support her own professional development. The net result of this intervention was a reduction in the referral rate to gynaecology without any unintended consequences, e.g. delayed or missed diagnosis.



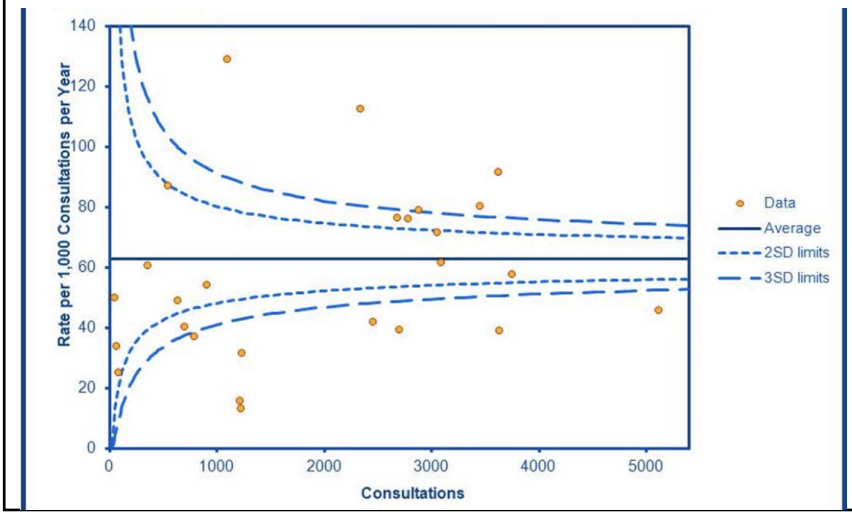
The role of patients is paramount. How patients are brought into the equation when addressing variation needs to be encouraged and further considered. A review by the Sax Institute in NSW found a lack of recognition of the contribution that patient preferences and factors make to clinical variation in healthcare. The role of the patient and the utilisation of shared decision-making guides and aids are fundamental to reducing unwanted variation, particularly preference-sensitive variation.

Ultimately, variation is about quality. One of my favorite quotes is from Edward Deming, one of the founders of the quality improvement movement in the post-World War II period. Deming noted that, "*uncontrolled variation is the enemy of quality*" and "*understanding variation is the key to success in quality and business*".

As clinicians and managers working in primary care, I believe we want to provide the best quality care we can for our patients. To provide optimal quality we need to embrace the concepts of understanding and improving unwarranted variation.

Example

A large general practice decided to look at the referral rates of the different GPs in their practice. They plotted this data on a funnel plot with the number of referrals on the Y axis and the number of consultations undertaken on the X axis. Each of the data points represent each of the GPs in the practice. The graph shows a wide variation in the referral rates for different GPs and also shows those who are outside three standard deviations. The practice leaders then seek to not make judgements but understand reasons for the variation.



Losing the Great Game in a war without end

by Robin Osborne

In his classic account of how the rival big powers were defeated by the indigenous Afghans in the 19th century Peter Hopkirk wrote in The Great Game – a term made famous by Rudyard Kipling, although he did not coin it – that if heeded, the lessons of long ago would have saved myriad lives and national reputations.

'Little appears to have been learned from the painful lessons of the past,' he said. 'Had the Russians in December 1979 remembered Britain's unhappy experiences in 1842, in not dissimilar circumstances, then they might not have fallen into the same terrible trap…

'The Afghans, Moscow found too late, were an unbeatable foe. Not only had they lost none of their formidable fighting ability, especially in terrain of their own choosing, but they were quick to embrace the latest techniques of warfare.'

In another hefty tome, Return of a King, 'The Battle for Afghanistan', the acclaimed historian William Dalrymple took a similar tack, irresistibly quoting Kipling's Kim ('When everyone is dead, the Great Game is finished. Not before') and writing that in 2001, less than twenty years after the Russian withdrawal, 'British and American troops arrived in Afghanistan where they proceeded to begin losing what was, in Britain's case, its fourth war in that country…

'The Afghan resistance succeeded again in first surrounding then propelling the hated Kafirs into a humiliating exit. In both cases the occupying troops lost the will to continue fighting at such cost and with so little gain.'

History repeats… In late July this year the chairman of the US Joint Chiefs of Staff said the opposition Taliban, had seized 'strategic momentum' over the Afghan military forces – the training of which was core to the American and Australian mission in the country.

'There's a possibility of a complete Taliban takeover,' he said, then added, in a possible nod to Kipling, 'I don't think the end game is yet written.'

Within weeks – supposedly to the surprise of the US administration - the Taliban had swept into power. The president fled abroad, avoiding the fate of a predecessor whose body was strung up on a lamppost, and the Americans rushed to the airport, having earlier withdrawn its forces under the cover of darkness, not even telling their Afghan allies they were leaving.

At the USA's behest Australia sent troops to distant Afghanistan following the '9/11' (2001) attacks in the even-more-distant New York and Washington. Neither an ignorance of history nor an unwillingness to heed its lessons were the reasons for our country's commitment. Simply, we followed America's lead, as we had in the war in Vietnam, with similar results.

As Kabul's fall approached Australia prevaricated about whether to assist those who had helped us. Most, it seems, were abandoned. A few Afghan villagers were assisted to give evidence via Zoom to the Ben Roberts-Smith defamation/war crimes case.

During Australia's involvement some 42 ADF personnel were killed. As we know now, a number of soldiers from Special Forces units committed crimes of atrocity against Afghans, whether combatants or not. The number of those – 39 – was nearly as many as the soldiers we lost in battle.

These actions were investigated in an official inquiry conducted by Major General Paul Brereton AM RFD, an experienced and senior Army Reserve Infantry Officer and a Judge of the Supreme Court of New South Wales. His 461-page report, while heavily redacted, noted, 'The nature and extent of the misconduct allegedly committed by ADF members on operations in Afghanistan is very confronting.

'The Report discloses allegations of

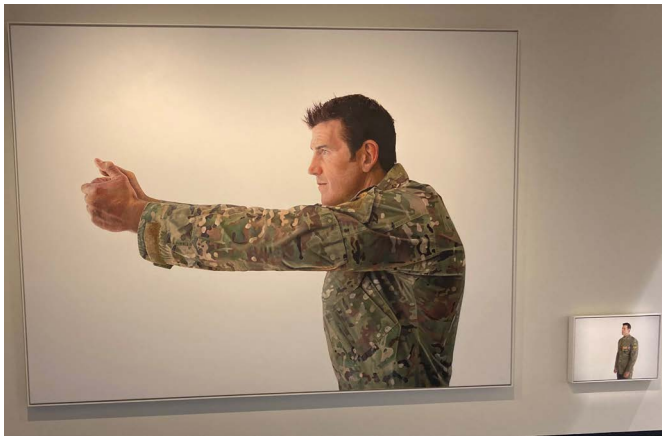
Ben Roberts-Smith's combat uniform from his Afghanistan deployment, displayed in the Australian War Memorial, Canberra.

39 unlawful killings by or involving ADF members. The Report also discloses separate allegations that ADF members cruelly treated persons under their control. None of these alleged crimes was committed during the heat of battle. The alleged victims were non-combatants or no longer combatants.'

One of these ADF members, allegedly, was then-Corporal Ben Roberts-Smith who undertook six tours of Afghanistan and engaged in a number of actions for which he was highly decorated, including winning

the Victoria Cross. Suggestions, including in the media, that he was one of the soldiers who 'cruelly treated' Afghans under the ADF's control prompted him to launch defamation action against some Australian media organisations and certain journalists.

One of the latter is Chris Masters who is credited on a screed in the Australian War Memorial (AWM) as being one of the key people involved with curating its Afghanistan gallery. The chair of the AWM's Council is no less than Seven West Media's Kerry Stokes who is reliably said to be funding Roberts-Smith's legal action again rival media outlets and the journalists.



Commissioned portrait of Ben Roberts-Smith by well-known artist Michael Zavros.

Roberts-Smith is a highly visible presence at the AWM. Upon arrival one sees him in a video loop shaking hands with Kerry Stokes. Just inside there's a model of the towering figure in his Afghanistan fighting kit. Displayed elsewhere are his medals and the Michael Zavros portrait commissioned by the AWM.

Zavros observed that when he asked Roberts-Smith to pose in a fighting stance – it's a pistol grip - "He went to this whole other mode. He was suddenly this other creature and I immediately saw all these other things. It showed me what he is capable of … it was just there in this flash."

Australia's ill-fated Afghanistan involvement has spawned not only an official inquiry but, after considerable pressure from Australian families and supporters, a Royal Commission into Defence and Veteran Suicide, formally established in July 2021.

Even setting the Terms of Reference attracted massive interest, with the Attorney-General's Department receiving more than 1800 submissions, including many from serving personnel, veterans, family members and academics.

The Royal Commission is due to provide an interim report on 11 August 2022 and a final report on 15 June 2023.

In a media release about the Royal Commission Prime Minister Scott Morrison said, "The death of any Australian Defence Force member or veteran is a tragedy that is deeply felt by all Australians,' adding, 'As a Government we are committed to addressing the ongoing impact of service, including preventing future deaths by suicide and providing opportunities for healing.'

However, no mention was made of the contributors to this sad situation, notably the Afghanistan deployment, and to a lesser extent, Iraq, East Timor, other peacekeeping missions and longer ago, Vietnam.

Doubtless the spotlight that has fallen on Australia's role in Afghanistan as a result of the Brereton inquiry, ABC Four Corners widely seen 'Killing Field' report of 2020, and Ben-Robert Smith's court action will be triggering emotional distress for many serving and ex-personnel.

Suffering PTSD and other conditions after participating in or witnessing violent acts has long been known as an impact of soldiering. Even the Royal Commission, while well intentioned – albeit called by a government that could no longer resist the pressure to act - will likely trigger many adverse memories and responses. Losing one's mates, or one's own health, in pursuit of an unwinnable goal is hardly conducive to sound mental health.

Less predictable is whether the Royal Commission will hold officialdom to account for sending around 30,000 Australian troops along the paths trod so disastrously by the English and the Russians well over a century ago.

Perhaps such sentiments as the following will be uttered: '[The Afghan War] was a war begun for no wise purpose carried on with a strange mixture of rashness and timidity, brought to a close after suffering and disaster, without much glory attached either to the government which directed, or the great body of troops which waged it.

'Not one benefit, political or military, has been acquired with this war. Our eventual evacuation of the country resembled the retreat of an army defeated.'

The words, quoted by Dalrymple, came from a British army chaplain, Rev. G.R. Gleig, in 1843 after his return from the Afghan 'slaughterhouse'.

Should our *leitmotif* for military engagements not be 'Lest We Forget' but 'Why Don't We Remember?'

Weaving war into art

I weave what I have seen: The War Rugs of Afghanistan, an exhibition at the ANU's Drill Hall Gallery.

by Robin Osborne

In the mid-1970s, when I was last there, the rug shops of Afghanistan's capital Kabul stocked a treasure trove of handmade creations, notably the deep-red rugs and hall runners for which the country was, and still is, famous. The designs were abstract yet symmetrical, rarely featuring human or animal figures, or identifiable objects, certainly not guns and fighter aircraft.

But that has changed, as Afghan society at large has changed.

From late 1979, when the USSR's troops entered the country to preserve a puppet regime, Afghanistan has been on a timeline of conflict that continues to this day, and the images of its unasked-for war have been recorded on an unusual tableau, its woven rugs.

These images include Russian tanks, some of them heading home after defeat, fighter aircraft, helicopters and the ubiquitous Kalashnikov AK-47. Throughout the 80s and beyond the rugs would come to document the Russian occupation, the Mujahideen resistance, America's support for the self-serving warlords, and the Taliban that emerged victorious and gave sanctuary to Al-Qaida, the perpetrators of 9/11.

The complexity of weaving asymmetrical images into spun-wool rugs cannot be underestimated. This is a highly complex artistic achievement and the precision of many of the works displayed is nothing less than extraordinary.

Notably, not one of the weavers – all would be women - is named. At best, we learn the regions and the tribal groups most likely to be the source of the creators.

Much of the imagery is propagandist, mostly anti-Russian, some of it anti-US, and mostly Afghan-nationalistic, however the fragmented country is defined.

Propaganda posters were the inspiration for a number of the rugs but of particular interest, in my view, are the portraits of Imam Ali, the Shiia Muslim saint, rarely portrayed, the reformist king Amanullah, and Ahmad Shah Massoud, the legendary field commander who was assassinated by the Taliban a few days before 9/11.

"The exhibition is a testimony to the creativity and resilience of Afghan weavers who have faced the devastating effects of war for more than forty years," the catalogue explains.

"From the very start of the conflict, Afghan weavers began developing a striking new form of war art involving a complex imagery of armaments, maps, monuments, texts and portraits which soon began to find an international audience. Emerging out of a research project undertaken at the Australian National University by Tim Bonyhady and Nigel Lendon, this exhibition investigates the history, iconography, production and distribution of these extraordinary rugs."

As Australia's ill-fated Afghan involvement winds down, and the tortuous case of alleged Afghan war criminal Ben Roberts-Smith continues to drag through the courts, this is a rare insight into a country bedevilled by conflict but blessed with some of the finest (unknown) artists anywhere in the world.

The exhibition was discussed on ABC Radio National with Sally Sara, former ABC correspondent in Afghanistan.

Afghan war rug experts Prof Tim Bonyhady AM and Nigel Lendon at the exhibition they curated in Canberra.

The catalogue of I Weave What I Have Seen – The War Rugs of Afghanistan (Tim Bonyhady & Nigel Lendon) is available from https://dhg.anu.edu.au/publications/

Tim Bonyhady's book '*Two Afternoons in the Kabul Stadium: A History of Afghanistan Through Clothes, Carpets and the Camera*' was released recently by Text Publishing, 352pp, $34.99.

Book Review

Two Afternoons in the Kabul Stadium

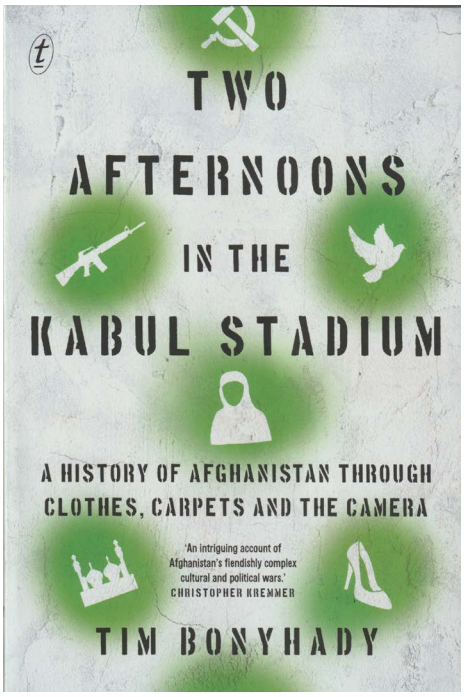
Tim Bonyhady
Text 331pp

by Robin Osborne

Coinciding with the latest fiasco in Afghanistan – the resurrection of the fundamentalist Taliban – this history of the central Asian country 'through clothes, carpets and the camera' is book-ended by two events, both centred on women, which represent the country's cultural extremes.

Both took place in Kabul's Ghazi Stadium, built for soccer and buzkashi matches, and each was witnessed by crowds in almost equal parts pleased and shocked. The first was in 1959, when, after three-plus decades of being closed to females, the stadium bore witness on national independence day to an orchestrated removal of head covering by women from the country's ruling elite, many also wearing Western dress. As photos in the book show, their action highlighted the trend for unveiling and wearing a form of 'mini-skirt' that was becoming increasingly common in the progressive capital city.

Four decades and several regimes later, the stadium was the venue for the Taliban's execution of a chadori ('burqa') clad woman named Zarmeena, alleged to have killed her husband: "The policewomen had Zarmeena sit on the



penalty line, she turned towards the man with the Kalashnikov, then turned away and the man shot her in the back of the head."

The shocking event was filmed secretly by one of the women in the audience, all of them covered head to toe, through the veil of her chadori. It was circulated widely, including overseas, causing predictable outrage and a warning of what was to come.

The timespan between these events marks what the author, an ANU academic and acclaimed writer, calls "a momentous era in Afghanistan ruptured by a sequence of cataclysmic events and decisions in Kabul, Moscow and Washington in 1979 – a year of exceptional global significance, shaping the world into this century."

This was when the Soviets sent troops into the 'graveyard of empires', manipulating and in some cases killing its leadership, and sparking the Mujahadin fightback. In a classic Cold War response the USA began shipping arms through Pakistan for the Islamist resistance, a ratbaggery alliance, which eventually seized power and played host to Bin Laden and the Twin Towers plotters. So began the engagement of America (and Australia) that is only now ending.

Enter the third 'C' of carpets, the war rugs showing images of military equipment ranging from the ubiquitous Kalashnikov AK-47 to tanks, helicopters, aircraft. The book's author is an authority on these remarkable memorabilia, as the accompanying article describes. Tim Bonyhady launched his book in early August in the Drill Hall Gallery at ANU's main Canberra campus surrounded by the rugs he has collected over four decades of the Afghanistan conflict.

A fortnight later the Taliban completed their takeover of Afghanistan by rolling into Kabul almost unopposed. The timing of this excellent book is fortuitous for the author but less so for a country entering another phase in what seems like an endless war. The rug makers of Afghanistan will have no shortage of subject matter in the time ahead.

"Timor is part of our family story now"

by Robin Osborne

At various times many GPs have no doubt questioned the workaday side of practising… the stream of patients requiring scripts for statins or blood pressure meds, the need for referrals to diagnostics or specialists, the lifestyle advice that we all know but find hard to follow.

However, few practitioners decide that a better way to use their skills might be to pack up their large family and move to a country where patients are generally poor, often traumatised by violent events in the recent past, and where an underfunded healthcare system struggles to keep up with demand.

Jeremy Beckett was a GP (anaesthetics trained) in Western Australia. He had visited Timor-Leste (East Timor) twice, liked the place and its people, and felt he could be of some help, a view reinforced by his Christian faith, although unlike most Timorese he is not Catholic. His wife Bethany (Nelson), also a GP (obstetrics), came to agree but not before they had done their due diligence.

"Although we'd travelled before we hadn't done any lengthy stints abroad, and we knew that to have any real impact in a traditional society takes some time," Dr Bethany told NorDocs. "So we felt we'd need to be away some time. We spoke with doctors who'd served abroad and were told there are three main things that might bring you back, if need be in a hurry.

"These factors are having parents back home, or grandparents, and the need for children to start high school. Basically, this means not being too far away. So East Timor ticked that box, although the kids were well short of high school. Moreover, we knew it was a country in need."

In 2017 the Becketts bundled up their four young children and made the move of a lifetime to a country where "Community health care centres and rural health posts experience regular interruptions to electricity and water supplies, and rural patients sometimes must walk an hour or more to access a clinic."

Now they're back in WA with a raft of experiences, medical and cultural, under their belt. They have generously shared these on the open blog they have posted online

In Dili, a capital more in name than in practice, they began work in a 55-bed general hospital that provided conventional acute care as well as dedicated wards for tuberculosis and malnutrition. Dr Jeremy's role was clinical oversight of the hospital's staff, while Dr Bethany, badged as the Director of Medical Training, employed her O & G experience in a largely consulting role and in upskilling local midwives.

Although Timor-Leste's birth rate is falling, it remains high, at up to four births per woman, almost twice that of neighbouring Indonesia's and three times PNG's. Concerningly, nutrition levels tend to be low, with protein deficiency all too common.

"You see lots of animals wandering around the place, but animal husbandry is not well established," remarks Dr Bethany who comes from a WA farming family.

We both note how small-framed are the majority of East Timorese, even compared with, say, people on the eastern Indonesian islands.

While carrying some benefits, not least the generous funding component, a major challenge for Timor-Leste's health system is the significant role played by doctors from the Cuban Medical Brigade, part of a long-time aid program funded by the Caribbean country. A key aspect of the Cubans' work is running Timor-Leste's medical school. They do a great job, Dr Jeremy says, but their first language is Spanish while the country's official languages are Portuguese and the local Tetun, with Indonesian still widely understood, and English creeping in.

"So aspiring doctors must first learn Spanish before taking up medicine. This is obviously quite a challenge for them. It can also create translation issues in clinical settings."

The situation is ironic, as one of Indonesia's justifications for its 1975 invasion of East Timor was to prevent the supposedly leftist independence leaders creating a 'Cuba on our doorstep'. Australia went along with this rhetoric.

Another challenge is the limited opportunity for post-graduation study by doctors or nurses/midwives, Dr Bethany explains, "so there's limited ongoing medical education. This is something we became focused on after we left hospital work and helped set up the Maluk Timor organisation."

One collaborator in the training is the Royal Australasian College of Surgeons.

In local language Maluk means 'your people, kinsfolk, family, closest friends', an apt description for the not-for-profit supported by a range of mostly-Australian benefactors, including NGOs, that has a well-focused board of governance and a

team of 95 staff, engaged both locally and internationally. The foundation has a budget of $A2.5M and implements grants from the Australian government as well as donated funds.

"We're less reliant on international clinicians than ever we were," Dr Jeremy says proudly.

The organisation's key focuses are on 'preventing and treating some of some of Timor's biggest killers' (rheumatic heart disease, childhood malnutrition, complications in pregnancy and childbirth, TB and other infectious diseases), 'addressing insidious, under-recognised health threats' (HIV/AIDS, dental disease, gender-based violence and discrimination), and 'targeting critical health workforce gaps'.

Importantly, Maluk Timor works within the Ministry of Health's clinics across the country, where services are free - 90 per cent of Timor-Leste's heath care is delivered by the public system.

A major initiative of Maluk Timor was launching a training app as part of a three-year infectious diseases project funded by the Australian Government. Renamed after 'ASTEROID' failed to fly with Timorese, the Haroman ('to bring light') project is delivering core training to all the country's 13 municipalities, helping to identify and resist infectious threats.

Jeremy Beckett is no stranger to working abroad, including Bali, Zimbabwe and, of all places, Siberia, where in the same year (1999) East Timor was voting to be free of the Indonesians he put in six months as part of the Christian-based Operation Mobilisation. The family's faith was a key reason for undertaking service abroad. Another was the feeling that this would be a formative time for their children to travel overseas.

Bethany Beckett feels the posting has been 'mission accomplished'.

"It really highlighted the 'indulgences of the West and showed the kids the meaning of being grateful, of learning to be selfless, that having a whole lot of 'stuff' really doesn't count for much. It's helped teach them to be more tolerant, to think in a more global way... I might add that those are lessons we learned too."

Jeremy and Bethany Beckett were working in regional WA, centred on Geraldton, when they decided to take the plunge, travelling north and settling in Dili, a city left in penury by centuries of colonial Portuguese neglect and the vengeful destruction of the departing Indonesian militias. The whole country is desperately poor – 147th out of the 187 countries on the UN's human development index - institutionally corrupt and, as April's flooding showed, highly vulnerable to nature's wrath.

They loved it from the start, although there were some rapid learnings, including, as Dr Jeremy puts it, that, "This was not one of those international outreaches where you head off to a country and begin delivering primary health care to grateful people in need. In fact, exercising such care was the least valuable aspect. What was more important was enhancing the clinical skills that already existed in-country, helping the Timorese clinicians at bedside, not doing the treatments myself."

With the occasional setback, such as having to rush their youngest daughter down to Darwin after a household mishap, and the whole family contracting dengue fever, things went well, but in time the Becketts moved from hospital duties to helping establish Maluk Timor, the Timorese-Australian NGO focused on advancing primary health care in 'a sense of kinship and solidarity with the Timorese people.'

"The international situation on COVID-19 only underscores the importance of this work," Dr Jeremy adds.

"The challenge," he believes, "is not the health system's spread of coverage throughout the country, which is good, despite the difficult terrain, but improving the quality of the primary health care services... and it's a big one."

Succession planning is always another challenge and, in this regard, the Becketts were well served, with a medical couple from Singapore arriving to step into their role. This is an encouraging sign of the affection that Timor-Leste still generates in the country whose leaders turned their backs during the Indonesian occupation, despite the vital assistance the Timorese gave Australian forces during the Japanese occupation of WW2.

Timor-Leste deserves people like the Becketts, and in turn it does everything to make them welcome, despite a long and adverse experience with foreigners. Australia's bugging of the Timor-Leste cabinet room is a harsh reminder that is still in the news.

Now their tour of duty is over, one wonders if the family will be returning to Timor-Leste, and if so when?

"Definitely," they agree, "but of course it will have to wait until the travel restrictions are eased. We hope to go back there twice a year. East Timor is absolutely part of our family story now."

What are Australians learning from COVID-19?

by Robin Osborne

It seems a fair bet that few Australians, including medicos, could name this year's seasonal flu vaccine, nor identify the company that manufactured it.

Mine was called FLUAD Quadrivalent, hardly a catchy name, made by Seqirus, which their website says comes from the message of 'securing health for all of us'. The 'us' part is obvious, anyway.

Headquartered in New Jersey, the firm is part of the Australian-founded, now global CSL Group, and that's probably all you need to know because no one – except anti-vaxxers – is questioning this government-endorsed vaccine's safety or comparing it against products from other companies. From the consumer's perspective, you've either had the seasonal flu shot or you haven't, and to its credit no one's died of blood clot complications or has more than a slightly sore arm.

The public's awareness of COVID-19 vaccination is a different scenario, yet another sign of how much the coronavirus has turned the world upside down. Whether or not you're unlucky enough to contract it, this global pandemic means nothing will ever be the same again. One of the 'new normals' is the population's enhanced awareness of the various formulations being thrown against it, as well as the hitherto anonymous people who are doing the throwing.

Most Australians can now reel off the names of the vaccines, or at least those available in this country. Eighteen months ago these would have been pharmaceutical esoterica... AstraZenica, Pfizer, Moderna - perhaps Johnson and Johnson, if only because they also make BandAids.

The overseas brands include China's Sinovac, portrayed as little more than the Communist Party's attempt to curry favour in developing countries, with apparently decreasing clinical effectiveness, and Russia's nostalgically named Sputnik.

The populace has also been learning the Greek alphabet, starting with the Alpha variant, identified not in Wuhan but in Kent, UK, and moving on to Beta (South Africa), Gamma (Manaus, Brazil), and the current culprit, Delta (probably India), the most transmissible form of SARS-CoV-2 detected so far – up to 60% more so than the Alpha variant.

Poster series for the Aboriginal Medical Services Alliance NT (AMSANT) by Chips Mackinolty

But wait, there's more, as the British Medical Journal explained recently: there's Eta (Nigeria and UK), Iota (New York City), Kappa (India) and Lambda (Peru). Goodness knows what the world will look like if the virus mutates it way through the rest of the alphabet, down to omega Ω.

The country's self-effacing Chief Health/Medical Officers are also in the spotlight. Like the US's Dr Anthony Fauci, they're now central to media conferences fronted by the Prime Minister or Premiers, providing clinical backup for the messaging. Mostly, they seem more comfortable with the bosses than Fauci did with Trump.

There's Dr Brendan Murphy, the CMO until moving to head the federal Department of Health. Enter, Dr Paul Kelly, with a star singer's name, and his deputy Prof Michael Kidd.

In Victoria, Prof Brett Sutton fronts the cameras with Premier Andrews and in NSW Dr Kerry Chant supports Premier Berejiklian. Dr Chant's last public appearance was when she visited Lismore to speak in a council debate on water fluoridation. In Queensland Dr Jeannette Young is attacked because of her association with Premier Palaszczuk and her regrettable comment about not wanting to cause teenage deaths by sanctioning AstraZeneca.

Early last year these public health doctors worked in the shadows. Now they're as close to being public figures as anyone can be without engaging in a scandal. Their work hours and responsibility are massive, made worse by some of the citizens they're trying to stop hosting parties (hello St George Dragons players and an Orthodox Jewish engagement party in Melbourne) or refusing to wear masks (hello Sydney man and children going house shopping in Byron Bay).

Indo-Pacific Centre for Health Security, Cambodia

As cases (and deaths) mount and lockdowns tighten the public has a heightened awareness of COVID-19 management by government, not least the impact on vaccination rollout by vaccine shortages. The promotional campaign aimed at boosting uptake has been a mixed affair, with vaccination influencers even taking to reassuring people that the 'jabs' – hello, Boris Johnson – don't hurt much.

Since the beginning of this 'worst health crisis in a century', now 20 months ago, confusion has reigned.

AstraZenica, the vaccine Australia managed to get most of, was initially said to be geared to the over-60s and, after some overseas experience, was deemed potentially lethal to younger people because of blood clot risks. The acceptable age has since been revised downwards, and then down further as the tiny risk of clots was judged to be greatly outweighed by the consequences of contracting COVID-19.

A little later 'Astra', as it's now fondly dubbed, started to become the clear second choice to the 'safer' Pfizer for almost anyone with an option. However, further confusion resulted from the recommended interval between the two shots. Oxford University, where AstraZenica was developed, decided 6-8 weeks should be safe. While the recommended 12-week interval still officially applies, the view now is that it's better to be almost-fully-immunised quicker than to wait to term and risk getting the disease.

Meanwhile in the US, where the virus shows signs of bouncing back, and not just in the refusnik 'red' states, there's discussion about whether even the fully vaccinated might require a booster dose... this year? perhaps forever more?

In short, the messaging - fuelled by the hostility between the federal and state/territory governments, has been spectacularly counter-productive, not helped by an advertising campaign that was slow to get going because of supply shortages. When it did, in early July as winter's danger zone was peaking, many critics called it ineffective.

The national 'Arm Yourself' campaign, a.k.a. the BandAid campaign, "provides little information beyond a metaphoric battle slogan," said a team of marketers from RMIT in The Conversation, adding it was like something out of the satirical ABC television show Utopia: "Its primary call to action is to visit a website... It lacks the powerful imagery, stirring music or relatable characters to engage the audience."

Professor John Dwyer, Emeritus Professor of Medicine at UNSW and the founder of the Australian Healthcare Reform Alliance, addressed the more graphic side of the campaign, a television commercial showing a COVID-19 patient in an ICU bed, writing "The current appalling attempt by the federal government to shock Australians into getting vaccinated by showing them a young woman struggling to breathe with just nasal prongs delivering oxygen is rightly much criticised.

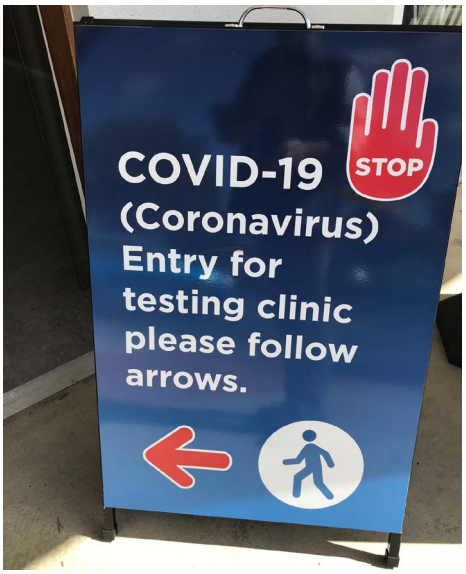
"For those of us that lived through the error ridden 'Grim Reaper' AIDS shocker in the 80s, this latest effort shows we have learnt little about infomercials that are accurate and empowering."

Vaccination ads from places as diverse as the UK and Cambodia, the USA and Indonesia, have taken a variety of approaches, most of them explanatory, in pictures or words, or both, and few if any have featured images of 'jabs' or post-jabbing, e.g. BandAids.

In addition, most of the campaigns, at least in richer nations, are underpinned by governments' having adequate vaccine supply and the ability to test for COVID-19 without people having to take hours off work. A TV news item showing cars queuing for eight hours is enough to turn anyone off.

If there's anything positive it might be that the coronavirus experience is improving Australians' health literacy, an ideal dating back to when Nicola Rixon was health minister – remember that, cigarette pack warnings etc? - and an awareness of health issues was seen as a priority.

Alternatively, it may only have deepened our scepticism about government's ability to manage crises, in which case the next, inevitable one will present even greater problems. Either way, the subject will undoubtedly be a focus for many a research project in the time ahead.



The human face of COVID-19

In the USA, fuelled by Donald Trump and followers, the opposition to vaccination, mask wearing and social distancing took a civil libertarian position: no one, whether doctors or 'the state', can tell us what to do. This resulted in a massive spread of COVID-19 and many unnecessary deaths.

This line was taken up in Australia, with one well-publicised outburst occurring in the unlikely setting of a Bunnings store where a woman who came to be dubbed 'Karen' yelled about the infringement of her human rights As is always the case nowadays, someone filmed her on their phone and her meltdown went viral.

Since then we've seen a copy-cat protest in the genteel town of Bowral where employees and customers carrying signs opposing face masks and vaccination tried to enter an organic foods shop whose window sign read, 'To protect our customers and each other, if you have had any vaccine in the last 10-14 days please do not enter'.

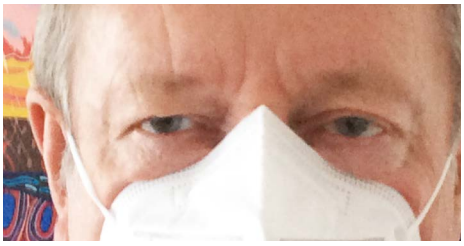
The owners welcomed them, the Police were called, fines were issued, and the infringement reoccurred next day.

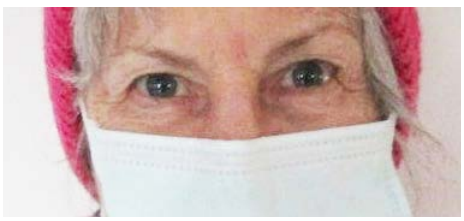
Sydney and Melbourne have had large-scale demonstrations against COVID-19 prevention measures, while radio and television shock-jocks, and even some MPs, have railed against government responses to the pandemic. They were protesting not about the slow vaccine rollout or a lack of quarantining facilities but insisting that it's all a hoax and we should open state borders and airports and retailers and entertainment venues and just 'let it rip'.

In other words, let's allow the more-potent Delta strain of the virus to tear through a largely unvaccinated population, choking hospital ICUs, keeping the undertakers busy and causing even more damage to the economy than at present.

The situation is the same overseas, as countries that thought, or hoped, they had halted the coronavirus have begun to clamp down again. In Berlin we saw a well-dressed young woman, holding a banner of Mahatma Gandhi, angrily confronting police during what the caption called a protest against government measures to curb the spread of COVID-19.

In Mullumbimby, which holds the Australian record for vaccine refusal, things have predictably followed suit, as columnist/comedian Mandy Nolan has described ("a man in his seventies screams at a 16-year-old retail assistant about his sovereign rights not to wear a mask or to QR code check-in"). More recently, noticing things hadn't improved, she had a second go at the topic, interestingly enough quoting Gandhi - 'The true measure of any society is how it treats its most vulnerable members'.





Along with the aggrieved 'don't tell me how to live my life' brigade we have seen anger erupt over the availability of vaccines, most especially the Pfizer brand, which despite some catchup reassurance by the government is widely seen as preferable, on safety grounds, to Astra-Zeneca. Reports have come in from a number of GP practices about patients reacting angrily when told that Pfizer is not yet widely available in regional areas.

In the same way that the pandemic and everything associated with it seems to have brought out the best and worst in our governments it has also unleashed some of the usually suppressed feelings of many ordinary Australians, not least scepticism about government. Otherwise, why wouldn't the vaccination uptake rates be much higher?

Not everyone who protested in Sydney and Melbourne was a white supremacist flat-earther, or a puncher of police horses. Not everyone in Mullumbimby really believes that camomile tea can cure COVID-19. Rather than asking how they could possibly hold the views they do, a better question might be to ask 'why?' and there's a fair chance that the answer might circle right back to the beginning: the state, both in Australia or elsewhere, has done a poor job in explaining why people should be protected against the biggest public health challenge in a century, and how easy and safe (and free) it is to get that protection.

Trump and Co certainly didn't help, nor have Alan Jones, Craig Kelly, George Christensen, Clive Palmer and their fellow-roaders in Australia. But the fact remains that what should have been an easy sell became a remarkably difficult and divisive one, with the impacts being felt everywhere in the community... except in the real estate market. Every cloud, however dark, seems it may have a silver lining, although not for everyone.

Physical & mental health care needs more coordination

New mental health roadmap identifies ways of improving care.

Federal Health Minister Greg Hunt, who has often spoken of having a special interest in mental health issues, has launched a new report recommending a range of improvements to primary healthcare services aimed at stopping people with serious mental illnesses from dying much earlier than other Australians.

Statistics show that nearly 80 per cent of people with serious mental illness die prematurely of chronic physical health conditions that could be effectively managed and often prevented.

People with a serious mental illness are:

- Six times more likely to die from cardiovascular disease
- Five times more likely to smoke
- Four times more likely to die from respiratory disease
- Likely to die between 14 years and 23 years earlier than the general population and account for approximately one-third of all avoidable deaths (National Mental Health Commission, 2016)

The Australian Health Policy Collaboration's (AHPC) Being Equally Well report was developed in partnership with GPs, psychiatrists, mental health consumers and carers, and other health professionals. It lays out changes to how medical services can work, including:

- implementing shared care between psychiatrists and GPs, and with pharmacists to manage mental and physical health together
- mental health nurse navigators, to support people in navigating the complex health system
- Medicare Benefits Scheme funding for GPs to set up dedicated supports to ensure regular health checks and screening as well as treatment of chronic conditions
- ending gap payments for medication, including for cardiovascular diseases risk reduction medication and nicotine patches
- establishing a federally funded national clinical quality registry to support and monitor improvements in life expectancy for people with serious mental illnesses and
- establishing a national Office for Quality in Physical and Mental Healthcare Outcomes.

AHPC lead Professor Rosemary Calder from Victoria University's Mitchell Institute said if implemented the roadmap would help more than 470,000 Australians with a serious mental illness live longer and healthier lives.

'Change is needed to address the shocking reality that people with severe mental illness die up to 23 years earlier than the rest of Australia,' Professor Calder said.

'Our current health system is largely designed and structured to treat health conditions separately and health professionals often prioritise mental health illness over physical health. There is also a persistent element of bias – with mental illness sometimes seen to be the explanation of other illnesses or conditions.

'We need better health system arrangements that prioritise and support both the physical and mental health of people at the same time.'

Professor Calder said this roadmap shows the way to supporting joined up care between mental health services and general practice.

'Delivering a shared care model of health care will ensure the whole person is treated and physical healthcare is given the priority it should command alongside mental healthcare,' she said.

The University of Melbourne Professor of Psychiatry Malcolm Hopwood said he was 'horrified to think that the next patient I see with a major mental illness will die up around 20 years younger than the rest of the Australian population. It is simply unacceptable.

'The suite of measures in this roadmap offers an evidence-based way forward and demands government and healthcare sector support.'

Reference on website

Winner of the Mammalian Meat Allergy webinar raffle:

Dr Kate Taylor - Kate works at McKid Medical in Kyogle.

The prize is a $100 voucher at **20,000 COWS**, Lismore's premier vegetarian ashram, 28 Bridge Street, Lismore.

Northern NSW LHD appoints new Board chair

After steering the Board of the Northern NSW Local Health District for the past eight years, Dr Brian Pezzutti has handed the reins to the current Deputy Chair, Mark Humphries, who has been a Board member since 2012.

Incoming Board chair Mark Humphries with Dr Brian Pezzutti at the latter's final Board meeting in June 2021.

Mr Humphries has extensive experience in senior management and leadership positions, and is actively involved in the regional community. He is a past president of the Kingscliff Chamber of Commerce and is involved with Surf Life Saving clubs in the area. He is also a member of the regional advisory committees for the Westpac Lifesaver Rescue Helicopter and TAFE NSW.

Mr Humphries will serve until December 2022.

"I have no doubt that Mr Humphries' skills and experience will enhance his role as Board Chair," said the Acting Chief Executive of NNSW LHD, Lynne Weir.

"As the incoming Chair, Mr Humphries has the passion and experience to successfully lead the Board's oversight of health services for our local communities now and into the future."

Mr Humphries said the Board is focused on a commitment to the CORE values of Collaboration, Openness, Respect and Empowerment across the health system.

"These core values are the keys to delivering quality health services to the people of Northern NSW. My vision is for our Board to be united and work strategically with the management, staff and clinicians to ensure quality health outcomes for people in the region.

"We also look forward to the delivery of the Tweed Valley Hospital in 2022-23."

Ms Weir paid tribute to outgoing Board Chair, Dr Pezzutti, saying, "During his tenure the District has seen significant upgrades to many of our health facilities, renewed our focus on delivering patient-centred care, and secured new services that will benefit our regional and rural communities for many years to come."

"On behalf of the District, I want to thank Dr Pezzutti for his leadership during this time."

Dr Pezzutti said, "It's been a wonderful experience to lead such a talented and caring team. I wish all the people in Northern NSW Local Health District all the best for the future."

Buses give a lift to 1-in-3 donation rate

Public buses in the Northern Rivers including nine in Lismore, are part of the campaign to boost our falling organ and tissue donation rate, currently standing at only 1-in-3 people Australia wide. Some 1800 patients are awaiting a life-saving donation.

Australia has recorded a 16 per cent decrease in the number of new donor registrations since 2019, partly due to the COVID-19 related cancellation of awareness-raising events across the country.

Northern NSW Local Health District nurse Camilla Jenal is excited to be the face of this year's campaign, after receiving a live-saving heart transplant in 2012. After becoming so unwell with heart failure due to an autoimmune disease, Camilla required the assistance of a mechanical pump to keep her heart working.

This bought Camilla precious time until she received the call that saved her life. Camilla hopes that the campaign will encourage locals to head to the DonateLife website to register, and prompt conversations about organ and tissue donation with their family and friends.

The bus artwork asks people to join the Great Registration Race, which is the theme for this year's DonateLife Week.

A significant barrier is that many people still believe they can register as a donor via the NSW driver's licence, however it is crucial that they head to donatelife.gov.au and check if they're registered. It only takes one minute with a Medicare card.

Buses participating in the campaign are located across the Tweed region, Lismore area and Grafton. DonateLife Week runs from 25 July – 1 August 2021, but of course is every day of the year.

Riverbank bush tucker walk strengthens culture

A project in Casino to create a bush tucker walk along the riverbank has strengthened the cultural identities of its young Indigenous participants. The recently completed 'Water is Life' project was also aimed at reinforcing their connection to country, Elders and community.

Healthy North Coast (under the North Coast Primary Health Network) funded Water is Life as part of its Healthy Towns initiative. Program lead Kerrie-Anne Maunder, from CASPA Services Ltd explained there were two stages of the project.

In stage one, jobs were created for two young Indigenous people to work alongside program facilitator Ben West from the Casino Sports and Recreation Association. They cleared, levelled and tidied the accessway to the river and created a path beside the water's edge.

The site is located behind Casino's Queen Elizabeth Park and it was suggested by the local Boolangle Aboriginal Lands Council and approved by their board.

Stage two involved around 25 Casino High School and One Mob Distance Education Program students planting out the bush tucker walk with 700 native edible and medicinal plants. These include Bangalow Palm, Finger Lime, Davidson's Plum, Native Tamarind, Cabbage Tree Palm, Riberry and other species.

Ms Maunder said the students learned to identify some of the plants and their uses. She hopes future funding will continue to help educate and support Casino's Indigenous young people in becoming ambassadors for the Richmond River.

At the same time, the students were also involved in cultural practices and activities such as weaving baskets and making jewellery, using available materials on site. They learned about the river and connected with the space. Young men in the program also retrieved discarded shopping trolleys from the river.

'We're encouraging the young people to re-engage with education by creating a different learning environment rather than a standard seated classroom,' Ms Maunder said.

'This program will help create and foster students' relationship with the wider community, including community-based organisations and groups, and further teach some aspects of traditional cultural knowledge.

'We wanted them to get their hands and feet in the soil, learn more about culture and come away with a sense of self-pride and feeling confident, motivated and inspired. They're creating something lasting for their community.'

Ms Maunder said many local community groups and government organisations had contributed to the success of the project: 'It's just been such a journey. The long-term goal is to generate further funding to create ongoing employment and programs to maintain the bush tucker walk and future activities at the site.'

The project was announced during NAIDOC Week, tying in with this year's theme of 'Heal Country'.

Southern Cross to host new Health Academy

From 2022 Aboriginal and Torres Strait Islander high school students in the Northern Rivers will have access to a new training pathway on their doorstep. The Indigenous Allied Health Australia (IAHA) National Aboriginal and Torres Strait Islander Health Academy in Lismore is aiming to support education and increase career opportunities in the health and social assistance sectors, thanks to a new partnership between Indigenous Allied Health Australia Ltd (IAHA), the Northern NSW Local Health District (NNSWLHD) and local Aboriginal Medical Services.

The Academy will give Aboriginal and Torres Strait Islander students in years 11 and 12 in the Northern Rivers the opportunity to complete a school-based traineeship undertaking a nationally recognised Certificate III in Allied Health Assistance (HLT33015) qualification through TAFE NSW.

Students will also gain experience in the health workforce with both IAHA and local health service providers, gaining relevant employability skills and work readiness. The partnership will build on existing relationships and also strengthen local health workforce development strategies, including paid employment for school-based trainees, mentoring, leadership development and career planning.

Pathway options for students range from gaining employment in the health field, to continuing study with partner organisations, including Bulgarr Ngaru Medical Aboriginal Corporation, Rekindling the Spirit Aboriginal Medical Service, Bullinah Aboriginal Medical Service, Northern NSW Local Health District, TAFE NSW and Southern Cross University.

Donna Murray, IAHA's CEO said, 'The IAHA national academy program has been developed with community and is Aboriginal-led, providing a culturally safe and responsive holistic approach to education, training and employment at the local level.

Pictured from left, Donna Murray CEO Indigenous Allied Health Australia, Georgina Cohen CEO Rekindling the Spirit, Jody Irwin CEO Bullinah Aboriginal Health Service, Kirsty Glanville, Assoc Director Aboriginal Health NNSWLHD and Scott Monaghan CEO Bulgarr Ngaru Medical Aboriginal Corporation.

'To date, many of the graduates are first in family to complete year 12, and graduates have transitioned successfully into further education, and employment across the health and related sectors.'

Scott Monaghan, CEO Bulgarr Ngaru MAC added, 'This partnership is an opportunity for our future leaders to gain the skills necessary to make a difference in their own life journey and that of their community.'

Jody Irwin, CEO Bullinah AMS said, 'We are excited to be part of this initiative and are looking forward to supporting and growing opportunities for local young people at home on Bundjalung Country.'

Kirsty Glanville, NNSWLHD Associate Director Aboriginal Health said the Academy in Northern Rivers is unique to others around the country, being the first to have direct engagement with the Aboriginal Community Controlled sector.

'This partnership highlights the very important role Aboriginal Medical Services provide in our communities in improving the health outcomes for Aboriginal communities and empowering people to take an active role in their health journey. The Academy will also provide opportunities to develop the AMS' future workforce.'

The Northern Rivers Academy will commence in 2022 and be based at Southern Cross University's campus in Lismore.

For more information contact academy@iaha.com.au, phone: (02) 6285 1010 or website: https://iaha.com.au/

Watch the webinar video about shoulder problems.

What x-rays to request with shoulder complaints?

What pain management strategies can you use for frozen shoulder?

What is the evidence for PRP and for which joint?

When should total and reverse total shoulder replacements been recommended?

How should you manage initial shoulder dislocation in a young active person?

View the video with orthopaedic surgeon, Shane Prodger, from August's one hour webinar.

Transcranial Magnetic Stimulation (TMS) Outpatient Clinic now available!

Currumbin Clinic's comprehensive mental health treatment model is further enhanced by effective, proven and alternative treatment options for depression.

Outpatient appointments are now available for Transcranial Magnetic Stimulation (TMS). Currumbin Clinic is proud to deliver this treatment for depression in a safe and non-invasive setting. Now available in two convenient locations; Currumbin Clinic and Bangalow.

TMS treatment
This treatment is effective for people who experience severe depression and do not respond well to other forms of treatment, or for those who have become resistant to medication.

TMS outpatient process
A fee-for-service model has been introduced which allows patients to receive TMS as an outpatient with minimal disruption to their lifestyle.

Patients interested in TMS Outpatient treatment will need to obtain a referral to a Psychiatrist for an initial consultation, either at Bangalow or Currumbin Clinic to assess if TMS is a suitable treatment option.

For further information or to arrange an appointment please contact Healthe Mind Bangalow by phoning 02 6687 2331 or faxing your referral to 02 6687 2336.

WELCOME TO OUR NEW CONSULTANT PSYCHIATRIST

Dr Helen Donaghy is a General Adult Psychiatrist. Her areas of interest include;

- Mood disorders
- Anxiety disorders
- Psychotic disorders
- Perinatal disorders
- Complex PTSD

Much of her experience is in adult psychiatry, however she is interested in both women's health throughout the life span and has particularly enjoyed working with older adults. Dr Donaghy has an interest in psychotherapy, and Repetitive Transcranial Magnetic Stimulation.

Having obtained her Fellowship in February 2019, she has worked both locally and interstate. In mid 2019 she took up a position at Monash Health as a newly qualified psychiatrist and worked for a 6 months period in the community setting, gaining experience working in a metropolitan setting.

Dr Donaghy is available for outpatient consultations from the Healthe Mind Rooms in Bangalow. To arrange an outpatient appointment or referral, contact us today on 02 6687 2331 or fax referrals to 02 6687 2336.

Healthe Mind Bangalow

3 Station Street, Bangalow NSW 2479
T: 02 6687 2331 F: 02 6687 2336
currumbinclinic.com.au

Currumbin Clinic

37 Bilinga Street, Currumbin QLD 4223
T: 07 5534 4944 F: 07 5534 7752
E: currumbinclinic@healthecare.com.au

LET US HELP YOU

Aurora

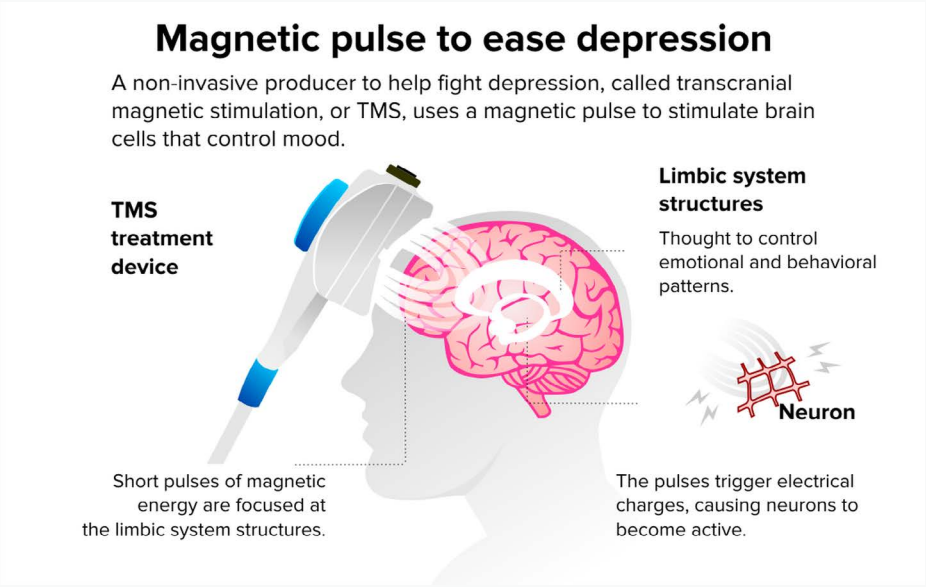
Transcranial Magnetic Stimulation

ADVERTORIAL

The presentation of mental health concerns continues to increase and depression is the leading cause of disability, with up to 50% of patients not responding to antidepressant treatment. rTMS is becoming better known as an effective treatment option in this fight and has been available within Australia for over two decades. There is growing interest in its use for major depression and treatment resistant depression, however, there is still limited familiarity within the medical community.

rTMS is a non-invasive procedure that involves the focused application of magnetic energy to superficial regions of the brain, thus inducing small electrical currents. During an rTMS procedure, an electrical current passes through a small coil placed close to the scalp. This current induces a magnetic field, and this can pass into the brain without resistance. If the magnetic field is of sufficient strength, it will stimulate electrical activity in nerves below the coil, that is, in superficial regions of the brain.

Studies have evaluated the role of rTMS in the treatment of depression since the mid-1990s. These studies have clearly shown that rTMS is more effective than a placebo type of stimulation, especially in patients who have not responded well to antidepressant medication treatment. rTMS is a first-line treatment for treatment resistant depression with evidence indicating that rTMS –induced remission is associated with the normalisation of connectivity in cortical-subcortical networks.



rTMS is usually prescribed as a course of 20 treatments which are generally administered on a daily basis. Sessions usually take between 20 and 45 minutes per day depending on the protocol being utilised. During an rTMS session the patient is awake, alert and aware of what is happening at all times and is seated in a comfortable chair. Before the treatment course begins, the treating Psychiatrist will undertake threshold testing to ensure that the correct prescription is tailored for the patient for the treatment sessions. Patients may feel small, non-painful twitches in the hand during threshold testing. This procedure is done to establish how high the machine intensity needs to be to affect the brain in an individual patient. During the treatment itself, a coil is usually placed on the scalp (on a coil stand) near the front region of the brain. The coil is connected to a machine that generates the electrical current. As the magnetic field is produced by the electrical current being switched on and off, the machine produces a clicking sound. Any discomfort associated with this sound can be alleviated by the use of disposable ear plugs. Patients may feel a tapping sensation under the coil (this occurs due to a twitch produced in scalp muscles as the magnetic field crosses into the brain). The magnetic field can also stimulate small nerves round the head and face, producing a muscle twitch in the forehead, face or eye region. Antidepressant medications may be prescribed in addition to the treatment regime, especially to try and prevent relapse once the treatment with rTMS is completed.

There are several potential side effects that might be experienced during an rTMS procedure. Headache or neck ache occurs in approximately five per cent of patients. The main concern associated with rTMS is its potential to cause a seizure. Exclusion criteria are epilepsy, any past seizure, neurological illness, neurological surgery, head injury, concussion, fainting or syncope. The safety of rTMS in pregnancy has not been evaluated and is not recommended at this time. rTMS as compared to ECT does not cause the associated seizure or memory problems, has no long term side effects and a minimal side effect profile, deeming it a safe and effective option to treat depression.

Currumbin Clinic have an accredited team of Clinicians who administer rTMS as part of an inpatient admission program, with the average length of stay being 21 days. During inpatient stays, patients are also enrolled in a depression specific psychoeducation program designed especailly to provide them with skills and strategies to support their recovery. For people not requiring admission, patients have the option of a fee for service outpatient treatment at Currumbin and Healthe Mind Bangalow.

An ancient tale of water told in a contemporary way

by Janet Grist

NORPA's unique Indigenous production Flow was warmly embraced by audiences during its four-night opening season in July at Lismore City Hall.

It's exciting to know that the NORPA crew are already looking at ways to expand its audience by offering this local production to festivals and creating a version to be played at schools.

While onstage theatregoers see only two Yaegl men – Mitch King and Blake Rhodes – Flow has been a major collaboration involving an impressive creative team and valued input gathered from Elders during a week-long stay on Yaegl Country earlier this year. The Yaegl People are the traditional custodians of the coastal areas around Yamba, Iluka and Maclean, having lived there for 60,000 years. Yaegl country covers a relatively small area due to plentiful resources both from the ocean and the Clarence River.

It's the first time that a theatre production has centred on the topic of a particular native title claim – the first native title claim on a body of water in Yamba, granted in 2018.

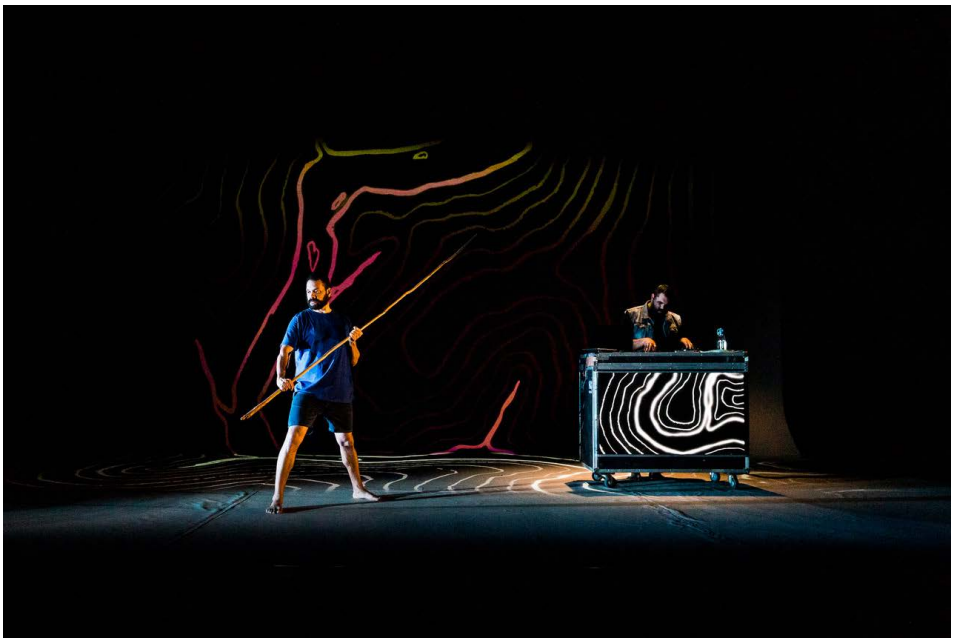
Told through contemporary dance, poetry, visual imagery and rap, Flow is a new dreaming, strengthening respect for Eldership and engaging young people in the living traditions held in local ancestral stories. Flow is a tale of searching and finding identity in music, urban culture and nature, an ancient story acknowledging how and why water flows through this region and its cultural significance.

Director Jade Dewi Tyas Tunggal said the artistic collaboration involved a suite of concepts.

"Initially developing sound and choreography, exploring script writing and learning cultural protocols, then interviewing Yaegl Elders and emerging leaders, followed by filming on Country.

"Hearing Yaegl language as we learn a very ancient and sacred story of protection and healing, deepens our understanding and care of this magnificent region."

Mitch and Blake are new to the theatre form but have a background in hip hop music and dance. The production grew out of Mitch's 2018 spoken word performance about the Yaegl Native Title Determination Day. Mitch said the show for him was always going to be about water.



Storyteller Mitch King and composer and performer Blake Rhodes on stage in Flow. Photo by Kate Holmes.

"Gaining the water rights created foundations for this and for a lot of other things in that community and I thought 'what are the connections here, what's the thread?' And it's actually the weaving, so many people set up the show that they loved how all the various water themes were woven in so effortlessly.

"The child character, the teenage character and the Uncle character, there was always this connection through water and even for myself. My own part of the story, my daughter's school project … in parallel we're doing our own discovery of Yaegl country and it all relates to the rivers. It shows how important that beautiful river is to us and how it's actually within us, it's connected to us quite strongly and you can hear it in the voices on stage and the way I embody it throughout the performance," said Mitch.

For composer and performer Blake Rhodes working on Flow and spending time with the Elders has been one of the best things he's done.

"We spent a week with Elders in Woody Heads working on Flow the whole time. We ate together and they shared stories and we got to show them the performance that we'd put together at the end of last year. That had been taped and we got their feedback. It's been a very back and forth conversation with them since the beginning. And to have their faces in the show as well is very uplifting."

For Mitch, Flow is all about sharing the Yaegl culture.

"It is still there and we need to amplify those voices that hold that knowledge and keep it going. It's a new way of story-telling. It's the really ancient coming together with the very contemporary and you can feel the depth of culture throughout the show.

"We have to realise how special and precious our waterways are and we need to take care of these spaces so we can leave them for future generations to take care of."

Mitch said many Elders who came to the show had never been to the theatre and it was very gratifying to see them there. A lot came back for a second night.

"Both my Nans came. My mother was saying they were like little school kids who didn't want to leave. They wanted to hang out and keep talking. It was an incredible gathering and I want to keep doing that, creating these opportunities for our Mob to come and have fun and enjoy themselves

and yarn before and after the show."

Mitch and Blake also work together at Rekindling the Spirit, running a program called Dream Bigger. It's a creative and performance art program for young people, sharing stories through dance, music or another medium.

"It's about creating a positive space in which the young person can connect. It might be as simple as having a chat and finding out what they'd like to do in their lives. It's similar to when we practise deep listening and talk to Elders," Mitch explained.

Clarence River estuary. Photo by NSW DPIE.

"And when we listen to the old people, asking 'What is Uncle Warren telling me?' The Elders sometimes don't talk directly, sometimes you have to sit with the yarn and be present with it and come to an understanding of it. So I'm listening to the Elders and the young people are listening to me. Each has a destination, the train getting from A to B. We all have our mentors and our old people we draw on for wisdom. I don't think I'm a wise person, I just want to be a positive presence in these young people's lives and give them the opportunity to have a real conversation."

Blake and Mitch are excited that Flow will continue to run.

"Flow has a much longer life span than four shows and it will continue to evolve as well. We are always trying to constantly improve it and add to it. I do think kids in schools would love to see it," said Blake.

MBS costs to rise by 70% in a decade

How much does the Government spend on each Australian in the current financial year, and what might this increase to over the next 40 years?

If asked in a trivia quiz few participants would get close to the ball-park figures. The answers are, respectively, $22,420 in 2021-22, increasing to $38,680 by 2060-6, with total government spending as a share of the economy projected to fall from a "pandemic-induced high", before gradually increasing as a share of the economy over the next 40 years.

While not intended as a pub quiz Q&A to test our knowledge about what makes Australia tick, financially at least, the fifth Intergenerational Report (the last was in 2015) is a fascinating insight into how the government raises and spends money, and views future developments. Not least is the finding – no surprise here – that health and aged care are projected to be the fastest growing areas of spending over the next 40 years.

Among the standouts are the outlay on the MBS - expected to rise by 70% in the decade to 2031-32 - with federal health costs generally to rise by some 50% in the next 40 years. It's the familiar story – we'll live longer, hence sicker, the costs of treating us, or caring for us in old age, will be higher, and we will be ever more demanding on services, many of which haven't even been thought of yet.

Interestingly, and one suspects unrealistically, spending on the PBS is projected to only increase from $540 to $590 per person over the ensuing decade. This, despite more costly medications being approved, often as a result of clinician or public lobbying?

"Growth in these areas reflects pressures from the ageing of the population as well as non-demographic factors such as technology, changing consumer preferences and rising incomes," the report notes.

"Strong growth in health and aged care spending is partially offset by slower growth in payments to individuals, Age and Service Pension, and education spending. While these will remain substantial components of government spending, they are expected to account for a smaller share of total spending over time."

In a period of record low interest rates, it goes on to say that, "Interest payments are projected to increase over the next 40 years. This results from the need to fund higher spending over time as well as an assumption that government bond yields will return to higher rates in the long term."

The crystal balls must have been glowing at the Treasury headquarters in Canberra.

But back to health...

The federal government is the largest single source of funding for the system, providing around 41 per cent of total health spending. State and local governments contribute around 27 per cent, with private contributions making up the remaining 32 per cent.

"In Australia, health spending has generally grown faster than the rest of the economy over the past 40 years. This trend of rising health spending as a share of GDP can be attributed to demographic and non-demographic factors. These factors include an ageing population, rising incomes and technological advancement.

"The response to COVID-19 has had a significant effect on near-term health spending and has seen the introduction of technologies, like telehealth, that will shape the health system and public consumption into the future.

"Australian Government health spending is projected to continue to increase as a share of GDP from 4.1 per cent in 2018-19 to 6.2 per cent in 2060-61. Real per person health spending is also projected to increase from $3,250 in 2018-19 to $3,970 in 2031-32, continuing to grow to $8,700 in 2060-61.

"This spending varies by age with people aged over 55 years using the health system at a higher rate than the average person."

Funding for public hospitals is projected to be the fastest growing component of Australian Government health spending, nearly doubling in nominal terms between 2020-21 to 2031-32. In real terms, Australian Government funding for public hospitals is projected to grow from $880 per person in 2020-21 to $1,190 per person in 2031-32."

The figure seems a misleading one, given that public hospitals are predominantly state funded, and even a single night in one costs the taxpayer, or the health fund, or the patient, or a combination thereof, a good deal more than $880. And that's not factoring in infrastructure or equipment upgrades.

Aged care and disability services, much in the spotlight because of the recent Royal Commissions, merit their own sections, although less exhaustive than that on health.

The former notes, "The number of older Australians requiring aged care services is expected to increase as the population ages. In the near term, the impacts of the baby boomer generation moving into their 70s and 80s will be particularly marked...

"The number of people aged 70 and over is expected to more than double over the next 40 years, reaching around 6.9 million people by 2060-61."

More support for at-home care will be a key factor.

Although the document is primarily statistical rather than political, specific mention is made of the alleged rorting of the disability care system, a matter that the Morrison government seems determined to address through 'independent' assessments of potential NDIS clients, a move widely opposed.

"Recent analysis by the NDIA found those with higher socio-economic status tended to receive higher plan budgets," the Intergenerational Report notes.

"This is most likely due to the cost of obtaining evidence to prove functional ability. The Australian Government is consulting on the best way to resolve issues of fairness and consistency."

Time will tell as to whether this can be pushed through the Parliament. Outside the Government, enthusiasts are in short supply.

However bland and dispassionate it may appear, the document is infused with politics, with its release handled by the Treasurer, said by pundits to be the Prime Minister in waiting, shortly before Parliament adjourned for the Winter recess. However, that's not to say the questioning won't resume when the caravan returns to Canberra and the Opposition and the media has had time to more closely examine the report's entrails.

Book Reviews

So you think you know what's good for you?

Dr Norman Swan

Hachette 418pp $32.99

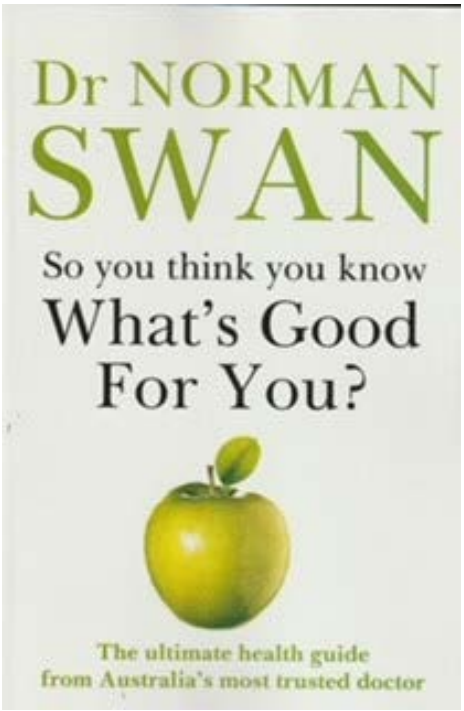
With an apple (why a Granny Smith?) pictured on the cover, rather than a stethoscope or an ECG graph? This is clearly a book about preventive health rather than accessing medical care to rectify one's lifestyle mistakes or misfortunes. Alas, as 'Australia's most trusted doctor' (the cover blurb's words) explains, we need to do a lot more than eat an apple a day to keep the doctor away.

Although the tone of the title suggests that the reader, presumably already concerned about their lifestyle, might be off-track, this 'ultimate health guide' (the cover again) does not have a moralistic tone, with Australia's currently-best-known medico – this is true - delivering a grab-bag of good advice whilst busily hosting the ABC's Coronacast and being Dr Everywhere on the national media.

Clearly the author loves keeping active, and as he explains, loving what you do is one of the keys to keeping well.

There are some important messages in all this COVID-19 stuff, Dr Swan tells us, one being not to be "beguiled by modern medicine or politicians who distract us with dramatic announcements," another being to eat more veggies and less animals from the jungle. The Wuhan lab controversy is touched upon, but not adjudicated – will it ever be?

The greater part of the work, which has the feeling of an old-style family health bible, addresses matters less exotic than pandemics. For instance, how much and what kinds of fuel we put into our bodies, how efficiently we move ourselves in the ways nature intended, how we sleep and have sex, and how we care for our children.



"The point of this book," Dr Swan writes, "is to take a 360-degree look at your health, rather than fixate on the minutiae. There's little in the scientific literature which suggests that injecting food with additives makes any difference to our overall wellbeing."

The exceptions, as he notes, include fortifying wheat flour with thiamine and vitamin D, and folate, for well-proven reasons.

A good deal of the book falls unavoidably into the bleeding obvious: all smoking is harmful, salt is damaging (if delicious), poor sleep is a health risk, workplace or personal stress is damaging, and so on. If only we'd take proper notice.

However, the broader advice, divided into bite-size sections, goes to the less-understood core of our modern lifestyle, ranging from cholesterol and BMI measurements through the proven benefits of coffee and tea (thank heavens), to psychological therapy and yoga, and the perils of too much screen time – "a heading that you wouldn't have read in a health book a generation ago".

Dr Swan's 'quick take' on sexuality – "Negotiation around mutual pleasure can make sex better and safer" – is indisputable and tempting to leave as a summary of this section of the book. Yet it by no means represents his overview of the contemporary practices of Australian men, women and non-binary people when it comes to loving. Topics explored include Instagram sex, porn, condoms, STIs, monogamy, cis and trans – "I'm clearly not qualified to write this section' – along with men's hunt for the clitoris, female libido in mid-life, alcohol misuse by LBQ women, and much in between.

With fifty pages of endnotes there's plenty to keep the dedicated reader engaged, with a quicker take offered by the "two fundamental concepts that sit behind this book", the first being that "there is no such thing as a split between the mind and the body."

The other is that 'control' is the most important thing in life. This is not about being a control freak, as Dr Swan says, but about "being able to control your destiny; making decisions which give you independence and an ability to chart your own course, whether that be in your personal life, with kids if or when you have them, and at work."

What's Good For You is also about knowledge, which is "information plus analysis... While the book is based on science, I'll tell you when the evidence is wobbly and what's known about the risks versus benefits of decisions you might make."

You can't be more honest than that, and if only for this approach Dr Swan's how-to tome is a valuable addition to the kitchen tables, backyards and bedrooms of every Australian family.

by Robin Osborne

The Devil You Know

Dr Gwen Adshead & Eileen Horne

Allen & Unwin 355pp $32.99

The title screams Netflix crime series, and no doubt the true stories contained in this remarkable book have the makings of one, but this memoir is by no means sensational, despite the harrowing nature of the tales. Credit for this goes to the main author, British psychiatrist and psychotherapist, Dr Gwen Adshead.

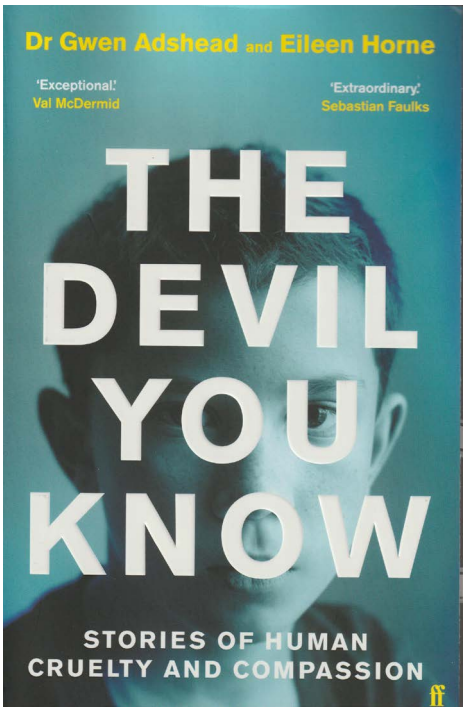
The likelihood that a streaming service might come sniffing around is that the co-author of these Stories of Human Cruelty and Compassion, to quote the sub-title, worked for twenty years as a television drama producer and scripted BBC radio dramas.

No doubt the material evinces all the necessary responses from a reader - shock, revulsion, disbelief, and, surprising as it may seem, some humour, and not always black. The stories are recounted in short chapters by eleven of Dr Adshead's many patients over the years, all of them imprisoned for violent crimes, often ghastly ones.

Reading that, "Every violent crime is a tragedy for the victim and their families," we nod our heads, only to be told that this is so "for the perpetrators" as well.

"I am not here to argue that any violent action should be excused," Dr Adshead writes in the introduction, "or that our prisons and secure hospitals should be emptied... [yet] Over the years, I've come to think of my patients as survivors of a disaster and my colleagues and I are the first responders.

"I meet them at a turning point in their lives and help them come to term with a new identity, which may feel indelible; as one of my patients memorably put it, 'You can be an ex-bus driver but not an ex-murderer'."



Dr Adsheads describes her visits to prisons and forensic mental health institutions, some quite Dickensian - the screaming, the banging of metal doors and so on – and recounts her sessions with men and women who have killed relatives and friends, and unknown members of the public. Who have expressed regrets or not, and been willing (mostly) or not to engage with a medical professional.

'Charlie' had been jailed for her role in a teenage gang killing of a homeless man... they taunted him, pushed him over, stomped on him. She was kept in longer than the others because of her unrepentant attitude. In session, she said, "I don't want to go over all that shit again... There's nothing for me out there, you know? And I took a life, so why should I have one?"

Dr Adsheads observes, "Unlike many other big events in life, there is no how-to manual for life after homicide... how to make progress or how to handle a new, alien identity as a convicted murderer. Therapy gave them some tools to do that."

Earlier in her career of consulting the imprisoned the author says she was "getting deeply into reading and writing about early childhood attachment," noting that studies as far back as Freud showed insecurity as "a risk factor for a range of psychological problems, including mood regulation, psychosomatic disorders and difficulties in forming close relationships with family, partners and even health care professionals."

If ever she needed first-hand proof, her experiences with this tragic, often loathsome – to the outsider, at least – cohort of offenders provided it in spades. Cohesive families and happy childhoods did not figure in their early lives. In equal measure, her compassion and professionalism cannot be praised enough, and don't be surprised to learn that a television series 'based on true stories' is already in the works.

Bridging the health divide

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

People living in rural, regional and remote Australia typically don't enjoy the same high standard of health and wellbeing as those who live in the cities, or the same access to health services and health related infrastructure.

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

The University of Wollongong believes that an important part of improving rural and regional health is to ensure that the people affected most – communities, patients and their families – are included in the process. That's why we partner with an extensive network of communities and health providers right across NSW and across a range of settings and disciplines including general practices, hospitals, allied, community and Aboriginal health services.

uow.edu.au

UNIVERSITY
OF WOLLONGONG
AUSTRALIA

COVID-19's prison breakout must be stopped

In late August 2021, during one of the NSW Government's media briefings on COVID-19 infections in the community, the Chief Health Officer, Dr Kerry Chant, raised grave concerns about the potential impacts of the coronavirus on vulnerable population cohorts. These included – not surprisingly, in the light of an outbreak in largely unvaccinated, Aboriginal communities in western NSW – Indigenous people, as well as the homeless and inmates of the state's prison system.

Almost on cue, reports began emerging about the detection of 31 cases in Sydney's Parklea Correctional Centre, others in Silverwater Correctional Complex, the positive testing of six prison officers at Bathurst jail, and possible other breakouts (to use an apt expression) elsewhere.

So began a flurry of media reporting in which experts raised concerns about the slow implementation of vaccination programs, poor social distancing, and so on. In other words, the same challenges facing policy makers in broader society, writ large because of prison circumstances.

NorDocs clinical editor Dr Andrew Binns maintains that the federal government should act urgently to prevent an outbreak of the Delta strain from having devastating outcomes for vulnerable First Nations and prisoner populations, describing both groups as being significantly at-risk ones who are 'out-of-sight, out-of-mind' in our community.

`We must not ignore these groups'
- Dr Andrew Binns

`

We must not ignore these groups,' Dr Binns said, noting, 'We have already seen a released prisoner from Bathurst Jail travel to western NSW with devastating consequences. The need for quicker testing is obvious to avoid such a debacle as this.

'We know there is a disproportion of Indigenous people in our jails. They often have complex medical histories with past major trauma leading to chronic diseases, including mental health problems, addiction issues, chronic pain and other social disadvantages.

'Rather than wait for a more serious COVID-19 outbreak there needs to be a concerted effort to avoid such problems. This must include rapid testing and a well organised vaccination program that takes into account existing vaccine hesitancy and resistance.'

Dr Binns added, 'These complex problems need a rapid and concerted public health approach to avoid the spread of a highly virulent virus in vulnerable cohorts having close links with the broader community.

'Of particular concern is our Aboriginal population who are suffering as a result of all the social determinants of health along with a rapidly spreading virus. This was seen unfolding in the remote community of Wilcannia in western NSW.

'This is just the beginning of a major health crisis within our community, and appropriate action must be seen as a priority of the government, which is where the responsibility lies.'

Shoulder injury related to vaccine administration (SIVA)

by Andrew Binns

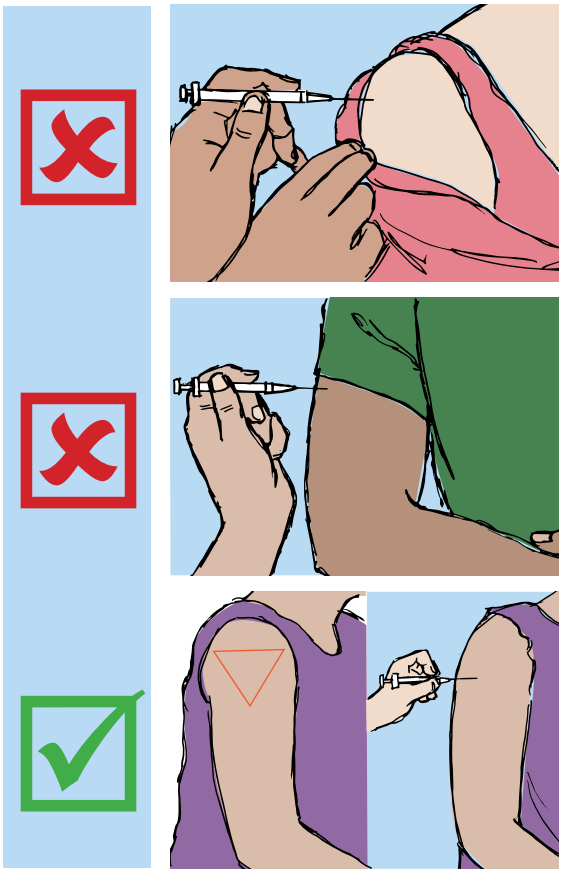
I have been prompted to write this due to an adverse incidence of a patient who received a Boostrix vaccine and went on to have serious problems that followed. It was basically a bursitis of a shoulder that resulted from the vaccine having been administered too high in the upper arm. This left the patient with an inability to abduct the arm for weeks.

In view of the large number of vaccines being given in these times it may be worth considering the site of injecting. It should be neither too high nor too low. This may involve removing layers of winter clothing to give the injector good access to the correct site in the deltoid muscle of the upper arm – see diagrams. This can be time consuming in a busy clinic under pressure.

Although a rare complication of vaccination it can be disabling for the patient causing an immune-mediated inflammatory reaction in the shoulder joint. The resulting problems can be bursitis, tendonitis, rotator cuff tears and fluid accumulation in the deltoid or rotator cuff.

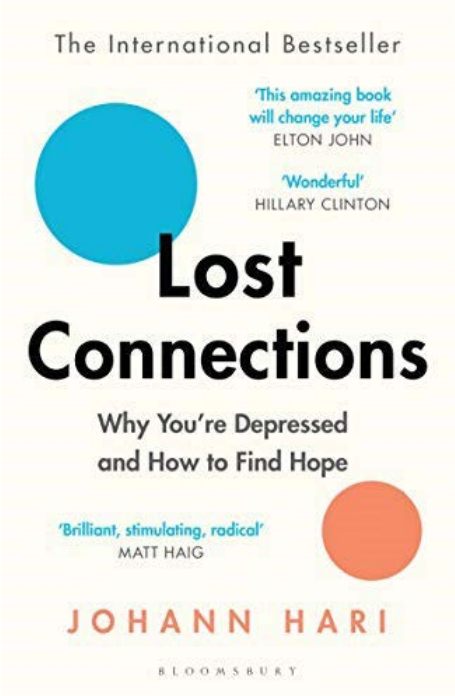
In summary, all vaccines can produce this adverse reaction if the injection is given too high.

For more information see the RACGP article on Avoiding shoulder injury related to vaccine administration.



Yarning over the back fence may work better than pills

Dr Andrew Binns reviews Lost Connections by Johann Hari



A common reason (or a diagnosis) given for a GP presentation is anxiety and depression, and the received view is that GPs are managing this problem in increasing numbers, aside from the likely impact of the COVID-19 pandemic on prevalence. Many psychologists and counsellors now have closed books or long waiting lists.

While there have always been major events impacting on people's wellbeing, it is well known that depression was less during World War 2, apparently due to the united community effort to fight for the cause.

I was brought up in the 1950s when our family – and we were by no means alone - knew not only our immediate neighbours but the names of families up and down the street. Often this meant some socializing with them.

But the recent ABC program Australia Talks based on a major attitudinal survey revealed that only 62% of the population know their neighbours, although there is a higher percentage amongst older Australians (who may have moved house less often). In more rural and remote communities it is about 70%.

Then there is the influence of social media which is supposed to mean we are more connected with others. Our 'neighbours' could be anywhere in the world, assuming they have the ability to go online. But the flip side of this is the fact that this is not like face-to-face contact, as GPs have found with telehealth consultations with patients.

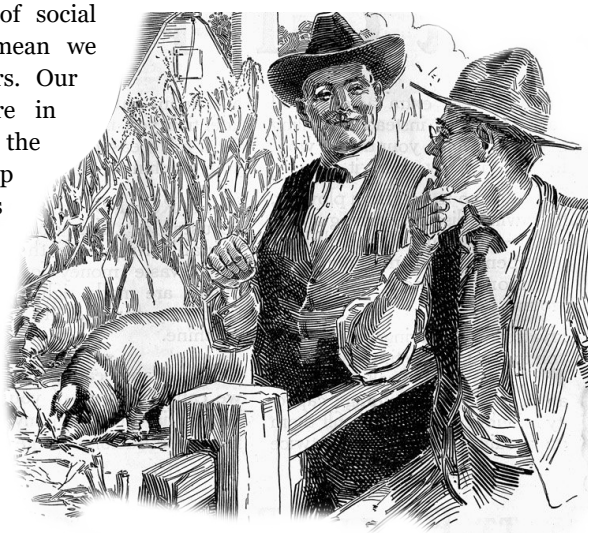
These social changes have happened in small steps. In 1995 a sentinel book, *Bowling Alone: The Collapse and Revival of American Community* by political scientist Robert Putman, surveyed the decline of social capital in the US since 1950 and described the reduction in all forms of social inter-reaction. We see the same in Australia with service clubs and other volunteer organisations struggling to maintain their membership, particularly with attracting younger people.

The big question is what can be done to reverse this trend in a contemporary society spending so much screen time?

A 2018 book called *Lost Connections* by UK journalist Johann Hari addresses the cause and management of anxiety and depression. He eloquently describes his own experience with depression in the days that Big Pharma were spinning the line that depression was the result of the brain having a chemical imbalance that could be fixed with tablets such as SSRIs. Throughout the book there are interviews with many experts in fields such as psychiatry and psychology.

After exploding the chemical imbalance myth, he does acknowledge the benefit of antidepressants for some, at least in the short term. He also describes experimental trials with the use of psychedelics like psilocybin (as found in magic mushrooms) for mental health disorders and addictions.

The main theme is around the three main causes he cites for anxiety and depression - biological, psychological, and social. He claims these are real and the chemical imbalance story is a crude idea.



Farmers talking across the fence; CC by 2.0 ;crop

It is about "power imbalances not chemical imbalances".

Hari talks about the need for a change in society's culture to bring much needed change to the way people live. He describes how rather than pathologizing our angst we should see it as a signal that there are societal problems that should be addressed, such as inequality, housing and employment.

In describing the causes of anxiety and depression he puts forward nine suggestions: disconnection from meaningful work, other people, meaningful values, childhood trauma, status and respect, the natural world, a hopeful or secure future, the role of genes and brain changes.

For solutions he describes controversial topics such as a safety net of a guaranteed universal basic income, as was trialed in Canada with identified social benefits.

I wrote this article for HealthSpeak in 2019 on loneliness.

We need to look for creative solutions for managing anxiety and depression and they will be around social change rather than taking pills. Talk therapy will also be needed and so-called active listening is the key to that being helpful. And that doesn't have to be a consultation with a health professional. A yarn over the back fence may help.

Excellence in pathology

Northern Rivers Region, NSW

Sullivan Nicolaides Pathology Lismore

- Comprehensive pathology services provided locally across multiple disciplines
- Extensive esoteric testing available
- Bulk-billed COVID-19 testing
- Collective expertise of scientists and specialist pathologists
- Supporting and training new generations of medical scientists
- Serving the evolving needs of the region
- 24-hour on-call service at St Vincent's Private Hospital
- Employing more than 100 local staff

Meet your local pathology team

Dr Sarah McGahan MBBS FRCPA
sarah_mcgahan@snp.com.au
(02) 6620 1203

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

Dr Andrew Mayer MBBS(Hons) FRCPA
andrew_mayer@snp.com.au
(02) 6620 1204

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

Dr Patrick van der Hoeven MD FRCPC FRCPA
patrick_vanderhoeven@snp.com.au
(02) 6620 1202

Dr Patrick van der Hoeven is a general pathologist with extensive experience in surgical, breast and gastrointestinal pathology and dermatopathology. He graduated in Medicine from Queens University, Canada and gained his Fellowship of the Royal College of Physicians and Surgeons of Canada in 1994. He moved to Australia soon after and worked for Gippsland Pathology Service in Victoria where he became Deputy Director of Pathology and a partner. Dr van der Hoeven joined SNP in 2019.

www.snp.com.au

Sullivan Nicolaides PATHOLOGY

NorDocs webinars turn one year old

NorDocs has completed over 12 months of webinars since the onset of COVID19 restrictions. Highlights from last year were interactive sessions with local specialists on the subjects of carotid vascular disease management, modern psoriasis treatments, management of breast cancer and new options in the treatment of restrictive lung disease.

This year there have been meetings on the team approach in addiction medicine, the relatively common North Coast malady of mammalian meat allergy (MMA) and the options for advanced upper gastro-intestinal surgery at Lismore Base and St Vincent's Private Hospitals.

Following feedback we have changed our format for future meetings and are focusing on making them more interactive. Each meeting will have a specific theme but we are increasing the time devoted to questions from the audience. At the end of each session we are broadening the scope of questions beyond that of the evening's topic to other aspects of local care.

Questions can be posed during the course of the webinar through the Zoom chat facility and also submitted prior to the evening by sending them to web_questions@lists.nordocs.org.au.

Dr Peter Silberberg has taken on the role of facilitator for these meetings. Peter is an experienced GP educator who has been involved in education programs for registrars and fellowed general practitioners.

The new format provides an opportunity for GPs to get to know their local specialists better, learn of their particular interests and how best to manage pre referral, and pre and post operative care.

Dr Shane Prodger kicked off the series on 11 August 2021 with Common Shoulder Problems in General Practice. Peter discussed with Shane his journey from local high school student to physiotherapist to orthopaedic specialist and finally his return to the North Coast. Shane notes that many shoulder problems do not require specialist review and can be managed by GPs, often in conjunction with physiotherapists.

The next webinar was on 8 September 2021 on the subject of ADHD in adults.

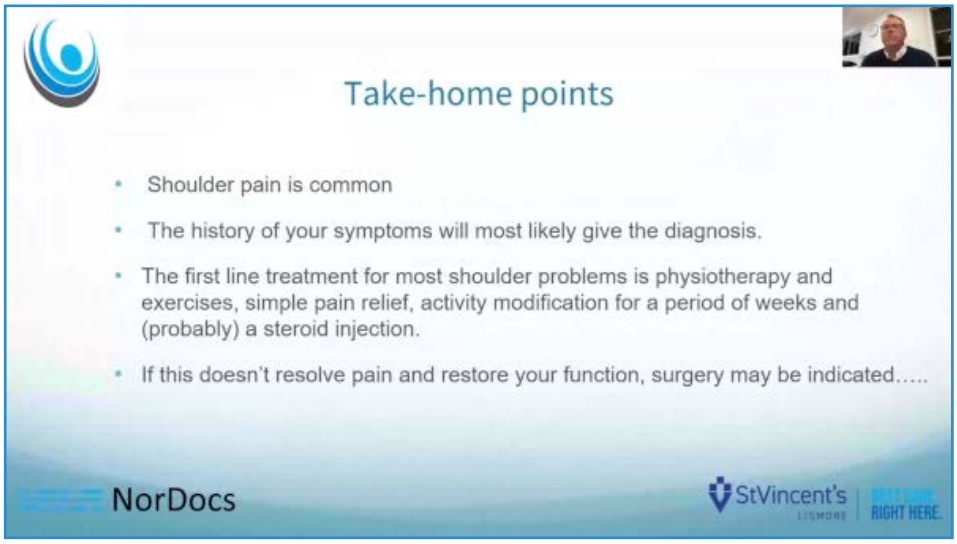
Above: Drs Helen Lloyd and Susan Tyler-Free (top row) discuss MMA pathophysiology and diagnosis with facilitator and Nordocs Co-Chair Dr Louise Imlay-Gillespie (row below).

Local psychiatrists Drs Hugh Morgan and James Whan explored this topic with Peter. Diagnosis and management of adult ADHD has been specifically requested by NorDocs members since it is increasingly common for GPs to be asked about it by their patients.

Future topics are to be finalised but we have received requests for updates in COVID-19 management, ophthalmology, psychedelics in psychiatry, paediatrics, gastroenterology, renal medicine, palliative care and the modern management of haematological malignancies.

Suggestions for future topics and prospective speakers can be sent to the Education Committee at normed@lists.nordocs.org.au.

If you wish to be notified of upcoming meetings visit lists.nordocs.org.au and subscribe yourself to nordocs-events@lists.nordocs.org.au.



Watch these webinars from the NorDocs website:

Mammalian meat allergy

Common shoulder problems in General Practice

Gold Coast
Private Hospital

Breast Care Centre

A one-stop-service for breast cancer

We're a community that cares for women with breast cancer.

At Gold Coast Private, we understand the whirlwind of emotions that comes with a cancer diagnosis. That's why we offer a comprehensive range of specialty services with a Breast Care Nurse that coordinates them all.

- Diagnostic assessment and screening
- Treatment
- Breast care nurse
- Psychology
- Physical & Occupational Therapy
- Aftercare
- Support services
- More

14 Hill Street, Southport QLD 4215
P 07 552 2965 | gcph.com.au/services/breast-care
Community of Care

Gold Coast
PRIVATE HOSPITAL
by Healthscope