

NorDocs

The quarterly magazine of the Northern Rivers Doctors Network

Autumn 2022



| Rebuilding the region - where to next?

| Dementia in Australia

| Immunotherapy for melanoma



IN THIS ISSUE

Editorial - 'Fire and Rain'	3
What next for Lismore (and surrounds)?	6
Co-Chairs' Report 2021	8
'Astounding results' for new melanoma treatment	9
After the pandemic, virtual healthcare is the future	11
Open borders help overseas nursing students return	13
Designer flags new era of Aboriginal pride	14
MPs consider verdict on the health of NSW's 'Three Rs'	15
Building blocks	16
Compressing morbidity improves late-life quality	18
We are on Aboriginal Land...	19
Dementia report examines Australian impacts	23
Training to savour pleasure boosts wellness	25
A prisoner of hope	26
Couch potatoes cost \$200m more than sports injuries	28
Rail Trail on track to open late 2022	30
The Bookshelf	32

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ON THE COVER



Aside from the strength of the human spirit there is nothing to celebrate about the flooding that devastated the Northern Rivers at the end of February and into March this year. This terrible event, which is the subject of our cover and major articles in the magazine, has taken lives, shattered people's wellbeing and destroyed thousands of homes, livestock and domestic animals, and many businesses.

The hometown heroes who rescued people from their flood ravaged homes will long be praised for their courageous efforts.

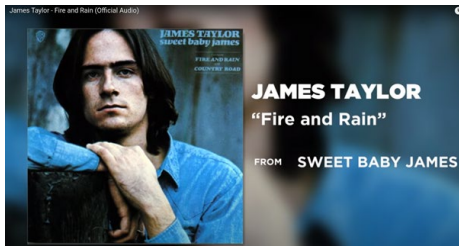
Nathan Gordon was kayaking along Molesworth Street, Lismore to check on the family's property agency when he came across the 'heart' sculpture, which took on even greater meaning after the floodwater surrounded it.

Photo: Nathan Gordon

This issue of NorDocs magazine was delayed by the recent floods. Several of the articles were written earlier and do not reflect the devastation that has befallen the Northern Rivers.



Editorial - 'Fire and Rain'



Fire and Rain

"... Won't you look down upon me, Jesus?

You've got to help me make a stand

You've just got to see me through another day

My body's aching and my time is at hand

And I won't make it any other way

I've seen fire and I've seen rain ..."

Mrs A stood chest deep in water from midnight to 4.00 pm the next day when the family finally convinced someone to look for her. A young man on his kayak found her and organised the rescue boat.

Mr B, aged 90, was able to get up into the ceiling space as the waters rose. Mrs B was too weak to get through the manhole and stood on the table in the water. They were both found alive, badly shaken, but alive.

Mr C got on the bed with the dog and waited. If the water got above the windowsill they would drown. It only got to the power point.

Mr D lost his accommodation in North Lismore. He worked without a break at the Southern Cross University emergency centre for 10 days and then asked staff if he could borrow a clipper so he could go off somewhere private and cut his toenails.

Ms E got water under the house. She was cleaning up with friends when she collapsed and could not be resuscitated. She was dead on arrival at Lismore Base Hospital.

There are thousands of such stories from the Lismore flood of 2022, ranging from the banal to the tragic, all demonstrating the responses of a community thrown into chaos by a natural disaster.

Lismore knows floods. You pack up your stuff and put it above the once-legendary 1974 flood level, the heights of which were marked by plaques on lamp-posts and buildings around the city. Then you get up

on the roof and wait. If you're confident you crack open a case of Tooheys.

This was different. The flood was fast and furious, wreaking havoc far and wide on houses and businesses thought to be above the highest flood level. It was an 'unprecedented' disaster (and subsequently declared a national disaster by the prime minister) with some people losing their lives and many their personal history and memorabilia. For so many their belongings were literally washed down the river.



David Guest - Clinical Editor

Lismore looked like a war zone:- hundreds in the emergency centres, tears and fears for loved ones and many examples of heroism.



When it was installed people joked that Lismore's 'ark' wouldn't repel floodwater. It didn't, nor did the flood levee built at far greater cost.



Editorial - 'Fire and Rain'

Perhaps the main visible difference from the Ukraine war - happening concurrently, half a world away - was that the buildings looked relatively untouched. It was the contents that were destroyed and the remnants subsequently disgorged onto the street.

Emergency services were overwhelmed. The magnitude of the disaster far exceeded their capabilities. It was the **work of thousands of fellow members of the community** getting in their boats, canoes and kayaks that rescued the vast majority. A fact that was subsequently acknowledged by the politicians and the leaders of community services and military.

The volunteers were not just local. On the medical front, nurses, ambulance officers, doctors and psychologists came from around the country to lend a hand. The surviving pharmacies on the hill kept the medical supplies stocked at the evacuation centres.

Donations of food, clothing and bedding poured in. Even the mobile laundromats turned up in force to keep the centres functioning.



The Salvos organised meals at the evacuation centres and the Sikhs from Melbourne came to feed the hungry, not least the gluten intolerant and vegetarian.

The veterinarians in central Lismore were smashed, with those on the plateau providing services to the many animals that were in dire need or had been rescued.

The animal hospital at the rescue centre was manned during daylight hours by voluntary vet nurses and the flying vet was available for assistance with stranded animals.

The polties came and saw. People were angry and wanted restitution but all knew the extent of the damage meant that could never be. Support from State and Federal



governments was generous but will barely touch the surface of what will be needed.

Steve Krieg, the recently elected mayor of Lismore, looked spent. He has lost his house and both of his businesses but had to struggle on with his electoral duties. It was a baptism of fire or, in this case more accurately, flood. Speaking on behalf of the community he was thankful for the support received from the NSW premier but was **perplexed by the slowness** of the national emergency services to respond.

Surrounding areas were cut for a week, with many collapsed roads and washaways. Power was off in many areas for days and even those who had it found, it was not reliable. The phone system was overwhelmed, with large areas having no fixed or mobile coverage. For a week the net was down, so no Netflix to provide distraction..

Flooding has been part of Lismore's history since its inception. On page 6 Robin Osborne (no stranger to floods) looks back on the flooding that has affected the city for over 160 years and ponders the future of the town.

Lismore, named after its counterpart in County Waterford, Ireland (which also has a St Carthage's cathedral) was badly affected by the 2017 flood and commerce on the town's main "block" had not recovered in the intervening five years. Many shop fronts remained vacant due to weak demand. Newsagents are largely a thing of the past and bank branches have become fewer as people move to online shopping, accelerated by the COVID-19 pandemic. There's no doubt that even before 2022's 'big one', commercial retail in Lismore was struggling.

On the up-side, however,



VET ASSISTANCE FOR FLOOD AFFECTED / INJURED ANIMALS



Veterinarian's Kita Stibbard and Sally Armstrong are in the Lismore, Casino, Ballina area now.

THEY HAVE A CHARTERED HELICOPTER WITH VET SUPPLIES TO LOOK FOR ANY STRANDED ANIMALS.

If you know of any specific locations where animals are and can only be accessed via air and need help then please sms the details, your name, number and the specific location with the GPS coordinates to

SALLY 0474776328

KITA 0459594753.

We will be assisting as many stranded animals as we can.

Any donations anyone can offer towards the use of the helicopter would be much appreciated as this has not been tasked by the SES as yet.

PLEASE MESSAGE FOR DONATION DETAILS

personal services were thriving - Lismore was becoming a hub for hairdressers and barbers, mani- and pedi-curists, yoga enthusiasts and those seeking a relaxing massage.

How on earth can we avoid this devastation again? Moving the city centre to higher ground is debated after each flood. The Director of the National Recovery and Resilience Agency, **Shane Stone**, said people should be prohibited from building in flood or fire zones, saying this is the only long term solution, but was roundly criticised for putting his views in such a seemingly critical manner.

The 2005 Lismore levee at 10.65 metres has helped prevent minor flooding of the CBD but is no match for the **"one in 50 years flood"** that is occurring at increasingly frequent intervals.

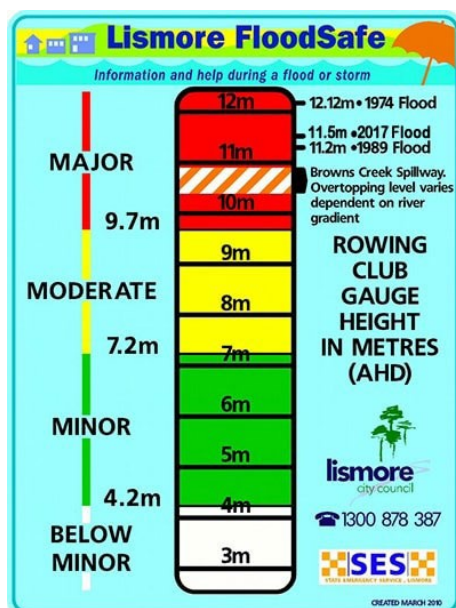
As Robin Osborne notes there is limited high ground around Lismore for commercial development and there would be significant legal issues in preventing citizens from returning to their homes on the land they legally own.

Former and current mayors, as well as many members of the community, are opposed and want the town rebuilt. Splitting the town into a number of satellite communities would likely fragment and weaken the Lismore community.

Making new buildings more flood resistant is one option. Many houses were washed off their footings in the 1954 flood and the change to building regulations to prevent recurrences have been largely successful. There's some precedent with Darwin, post-Cyclone Tracy.

However, options to **make buildings flood resistant** are limited and apart from concrete and tile constructions are doomed to failure when the flood waters go over the roof.

The failure to predict the flood height was heavily criticised by the community. Those who experienced previous floods



recall that the rainfall in the catchment areas was phoned through every hour to a central coordinator who would give his latest estimate of flood peak and time. Modern technology and central coordination replaced this model years ago but was clearly no match for predicting the speed and the flood height of **two years of La Nina wet weather**.

Also failed was the co-ordination of thousands of volunteers who came to help and who were critical to saving lives in the first 24 hours. Emergency services and telecommunications were overwhelmed by those in need and their concerned family and friends.

Given that these catastrophes will occur more frequently in future and that the first responders are likely to be local community members some forethought should be given to better coordination of the rescue effort. Doing things "by the book" may



reduce an organisation's culpability when things go wrong but proved woefully under-resourced when doing it "right".

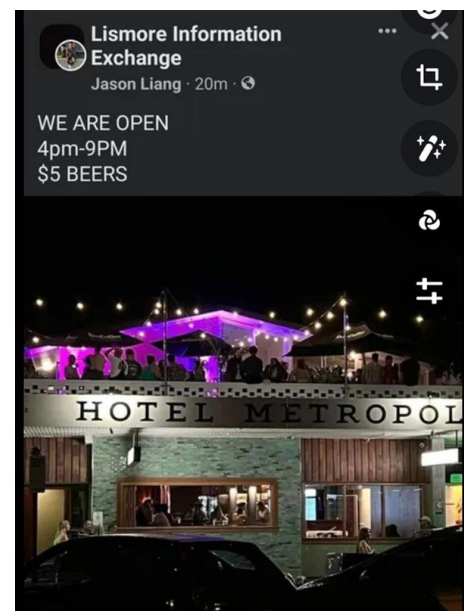
NorDocs is holding a **meeting on 2 April 2022 at the Goonellabah Workers Sports Club** to consider the effects of the Lismore 2022 flood on health practitioners and others. It is hoped that future NorDocs events may also consider how to mobilise medical resources in future emergencies.

Lismore will recover. The long term plan to move out of the floodplain started after previous floods has been completed by aged care, adopted by Council services and, enforced by planners, will be extended to other organisations.

In the short term some downtown businesses are already up and trading, if only with limited stock and reduced services. More will return over the next month.

There's even a happy hour at the top bar of the Hotel Metropole between 4.00 and 9.00 pm and the beer is flowing. If you're feeling generous you can even **shout a round for Lismore**, its businesses and workers.

Details of images can be found on the website.



What next for Lismore (and surrounds)?

*The flooding of Lismore in the early hours of Monday 28 February 2022 and the following days has had a devastating impact on the city, the settlements downstream and rural landholdings. Many parts of the Northern Rivers were affected by the heavy rainfall but it is the region's 'capital' of Lismore, much of it located on the Wilson's River floodplain, whose future must now be carefully considered. Many believe it can never be rebuilt in its previous form and the time has come for a radical reconfiguration. **Robin Osborne** reflects on the latest tragedy to hit Lismore and what might happen next.*

Photos courtesy of the Richmond River Historical Society.

In an [article](#) titled “**Historical tales of a floodplain town**” Margaret Henderson from the Richmond River Historical Society – which was massively impacted by the 2022 flooding – concluded by saying, ‘There is always a human touch to every flood!’

Truer words have never been written about a natural catastrophe that has descended on Lismore all too often since the settlement was founded. Even then, the basin’s propensity to flood was well known by the Aboriginal people whose land it was part of.

‘Periodic flooding has always been part of life on the Richmond River [of which the Wilson’s forms the early part],’ Mrs Henderson continued.

‘There were three floods on the Richmond in 1861. Then, in 1863, Casino took the brunt of the flooding, with Lismore again being inundated in 1864. The 1870s and 1880s saw more flooding, especially in 1889. In 1893 there was a major disaster when the river peaked at 29’3” (8.92m), started to fall, and then rose rapidly again to 34’3” (10.44m)...

‘During floods of the 1940s and 1950s, stock was often seen racing down river with the current to Ballina and the open sea: pigs, cows, horses, poultry, sometimes on rafts and often with a snake or two clinging to a piece of driftwood.’

Lismore’s esteemed historian elaborated on “the human touch”, writing ‘As with all disasters, however, there are the accompanying stories of courage, goodwill and humour in times of flooding...

‘The June 1945 flood was one of the worst in the history of the town ... Many people were caught in their homes, especially in North Lismore. Boats were needed urgently and police sent out an SOS. Ballina fishermen answered the call and, with their boats loaded on to Mick Feros’ big lorry, they rallied to the rescue. Hour after hour



they rowed people to safety. Then the next day they returned with food and blankets.’

This should sound familiar, as during the days following the 2022 flood an informal flotilla of craft, ranging from powered tinnies to paddled kayaks, set forth in the perilous floodwaters to rescue the stranded, many clutching their pets, and ferry them to the safety of higher ground. Fijian contract workers from the closed abattoir in Casino added some muscle and tuneful singing. Courage and goodwill, indeed.

Eighty years ago little assistance was offered by the military or the police (the SES didn’t exist), let alone rapid responses

from political leaders, state or federal. Now, everyone wants more for their taxes and people aren’t happy. Local government, with the advantage of being just that, has been quicker to respond, at least in words. Promising money is not within Lismore City Council’s purview: it has been in dire financial straits for several years, and the general manager’s position has been a revolving door.

Lismore’s recently elected Mayor Steve Krieg has predicted that the disaster, which reached a record 14.37 metres, two metres above the 1954 and 1974 levels, will change the city forever.

‘It has to change to survive,’ Krieg said. ‘This was our Cyclone Tracy, this wasn’t a big flood event: this was a demolition.’

Unlike in the aftermath of the historical floods, the criticisms this time have been fast and furious: the potential of the flooding was underestimated and warnings came too late (similar views were expressed in 2017); the 000 phone line was inadequately manned; rescue measures were inadequate and more people would have died unless community members had moved to save those at risk.

And the levee bank, built after years

of controversy over its height and cost, was overtopped, predictably, meaning it was useless when the inevitable 'big one' arrived.

Among the many questions being asked is the crucial one about what should be done to ensure Lismore has future viability as a riverside town. Mayor Krieg – who lost his business and his home – says it has to change, and few would disagree. But how?

A second levee has been suggested, along with diversion channels. All very well, but even if the federal government underwrites a massive property insurance scheme there seems little chance that businesses or residences will be able to afford to rebuild on the floodplain. Most were uninsured when this flood came, as premiums had become prohibitive. The cost of rebuilding will be out of reach for many, as would insurance should they decide to take the risk.

Could, and should, all the owned land be acquired – and if so, by whom? Should a moratorium be placed on rebuilding on the floodplain? How would that even be made legal – can people be prevented from building on land they own? Would displaced residents be subsidised to move elsewhere? Even to neighbouring LGAs?

Many have suggested the floodplain should be abandoned.

One is Gordon Balfour Haynes, now living in the relatively flood-free, although not weatherproof, location of Federal, who wrote to the *EchoNet Daily*, 'I lived through the '54 and '74 floods in Lismore – my home was under what is now Lismore Square – and nothing that's been done in the way of flood mitigation has proven worthwhile when the big ones come. The entire CBD and its adjacent residential areas ought to be demolished and turned to parklands, never again to be built on.'

It's an appealing thought to expand the attractive parkland bordering the Ballina Street bridge until one considers that around half of Lismore's residents, perhaps 20,000 people, plus much of its business, industry and civic buildings and cultural institutions, are situated on the river valley floor, that is, the floodplain, elevated 10 metres above sea level.

The rest of the split-city is atop a plateau, 130 metres to 170 metres above sea level, east of the CBD, across two suburbs, Lismore Heights and Goonellabah. The



other elevated site is the North Lismore plateau, the 'Sleeping Lizard' in Aboriginal lore, previously earmarked by Council for development but currently closed on the basis of cultural claims.

What could be the future location/s for all the displaced households, perhaps up to 2000, as well as the major structures – the new regional art gallery, the greatly enhanced City Hall, the downtown branch of the Richmond Tweed Regional Library, Lismore Square, the list goes on? All were flooded, despite once being thought impermeable.

Clearly, the answer is to go up, which is how to avoid floodwater, but might this mean even higher stilts (which don't protect cars, electricity and water supply etc) or higher ground, which is in short supply?

The reality is that Lismore was built in the right place when it was a junction for forwarding valuable timber downriver to Ballina, and thence to eager buyers beyond. The 'Big [cedar] Log' mounted on a stand opposite Lismore City Hall celebrates this phase of the city's life.

As Margaret Henderson wrote, 'The early cedar-getters used flooded creeks and streams to float their logs downstream to mills, or to the ships which carried them to markets in the cities. [She adds, 'In a major flood in 1861 a large number of logs broke loose, swept down the river and crashed through South Beach at Ballina. The logs continued on their way to become a major shipping hazard at sea'.]

Nowadays, however, and for many decades, Lismore has been in the wrong

place and when the wrong time comes there is hell to pay.

No doubt the city is at a crossroads and the next steps will require careful skill and close attention. Can this wait years? One doubts it. Calling the flood a 1-in-500 years or a 1-in-1000 years occurrence (Deputy PM and Nationals leader Barnaby Joyce called it a 'one-in-3500 year' event) does not mean the same couldn't happen again next year.

Such terms foster complacency, and putting a time tag on floods is a disservice to the public that will delay the overhaul needed in infrastructure and planning, according to Suncorp Life's former CEO Geoff Summerhayes: 'That was an appropriate narrative when we lived in a more stable climate. But the past is no longer a predictor of the future.'

It is worth remembering that September is the only month in the year that Lismore hasn't flooded.

Lismore's future is a test case of what happens when an unstoppable force meets a seemingly immovable object. Nature is unlikely to be the first to blink, as many around the world have learned the hard way – think the residents of New Orleans and now, the NSW Northern Rivers, again.

Lismore, Coraki, Woodburn, Ballina, the 'two Ms', Mullumbimby and Murwillumbah, have all been hard hit, with billions of dollars of damage and immeasurable personal trauma. Community confidence has been rocked, and while resilience is an admirable trait, realism is just as important, especially when it comes to planning for the future.

Co-Chairs' Report 2021

The past 18 months have been testing for many volunteer organisations. Co-Chairs, Dr Nathan Kesteven and Dr Louise Imlay-Gillespie report on NorDocs activities over the last financial year

NorDocs, unlike many other charities, has weathered the COVID-19 storm relatively well. Much of this success can be attributed to our restructuring as a virtual organisation several years ago. As a result, face-to-face restrictions did not impact greatly on our day to day activities.

NorDocs was also the recipient of financial grants from the government as part of the COVID-19 relief package for businesses and charities. COVID-19 infections escalated rapidly in December 2021 and general practitioners assumed responsibility for community based care for mild to moderately severe cases. After discussions with the Northern NSW LHD some of the COVID-19 funding was used to set up support for local GPs by implementing the online coordination software, Basecamp.

Our core activities of education and communication were largely revenue neutral for the year and so with the help of the government's grants the organisation made a small profit in the last financial year.

While it has been disappointing that we have not been able to host any live events ourselves, we have run ten webinars on Zoom over the course of the year. These online meetings provided an opportunity for local specialists to bring the latest in their fields to North Coast doctors and to outline any new services that have become available in the area.

The monthly meetings are usually case-based in order to highlight areas of management that have changed. They provide members with an opportunity to post questions regarding local clinical management. Dr Peter Silberberg has been the medical facilitator for these meetings and the series will continue in the first half of 2022. The 9 March meeting will focus on the subject of Autism Spectrum Disorder and the following meeting is on 13 April on Day surgery joint replacement with orthopaedic surgeon Dr Sam Martin.

The meetings are broadcast at 7.30 pm on the second Wednesday of the month and

are recorded. This year we have archived the meetings on our new YouTube channel. The recordings can be found by searching YouTube for "NorDocs Australia" or by clicking the YouTube link on the NorDocs' home page.

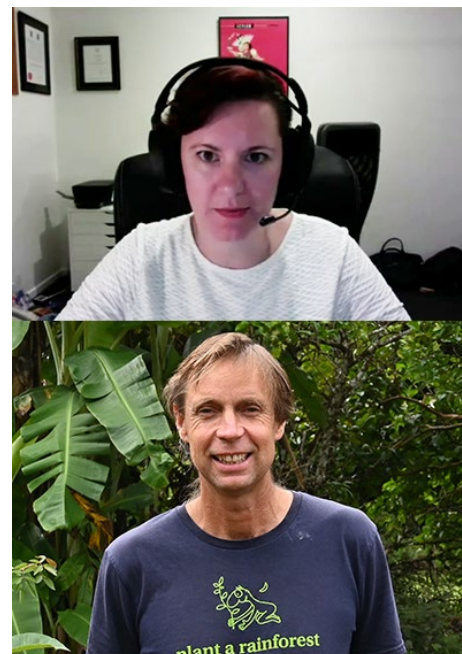
NorDocs has provided logistical services to the Northern NSW LHD for their education programs. In the past year the Departments of Anaesthetics, Orthopaedics and Accident and Emergency have run courses for their members. Upcoming meetings are advertised internally through the various departments but can also be found via the the Norshop link on the website.

NorDocs Magazine is published quarterly (online and in print version) and informs members and the public of the medical events on the North Coast, and more. Our irregular newsletter alerts subscribers to new articles on the website. Notifications of upcoming meetings are also posted there. The newsletter and magazine try to live up to our motto, "NorDocs. Keeping the finger on the North Coast's pulse".

The magazine also aims to be the journal of record for North Coast medical matters. In the last year it has paid tribute to prominent members who have been recognised by the wider community.

Dr Chris Ingall has interviewed two well known North Coast specialists on their impending retirement. Dr Austin Curtin, AM, has wound back his surgical practice after more than 30 years service to the North Coast and anaesthetist, Dr Brian Pezzutti, has stepped down as Chairman of the Local Health District after his many years of service to the community in health administration, politics and the military.

We have also reported the sad passing of Dr Neil Thompson. Neil was the Richmond's valley first orthopaedic surgeon and in retirement chronicled the first 120 years of medical practitioners in our area. Proceeds from his book, Sawbones, Saddle Burns & Soothing Balms, are directed to NorDocs.



The great work of Linda Ward, our chief executive officer, should be acknowledged. Linda's management and financial skills have allowed the organisation to get through these difficult past two years and have put us in a great position to carry out the goals of the organisation for the next few years. Her efforts are greatly appreciated.

Retiring from the Board this year are Susan Tyler-Freer, Co-chair Louise Imlay-Gillespie and Secretary, David Guest. The Board is seeking new members to guide the direction of the organisation in the coming years as we emerge from the restrictions of the COVID-19 pandemic and resume normal activities again.

We are hoping to hold a face-to-face meeting later this year. The format is yet to be determined but there is interest in using the same approach as the "Unconferences" that were held in 2018 and 2019. These were a great opportunity, away from the pressures of clinical practice, at least for a few hours, for us all to socialise and come together as a medical fraternity.

We hope you can join us for the next meeting.

Kind regards, and best wishes for 2022.

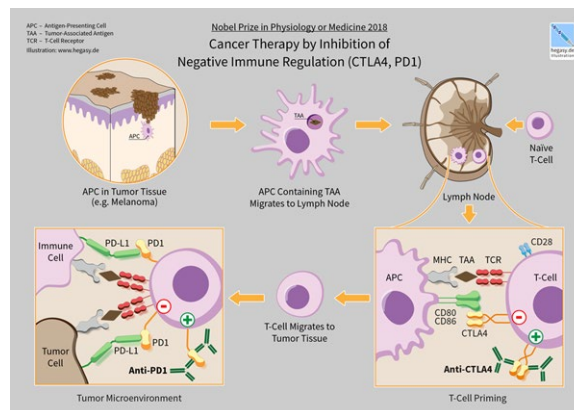
'Astounding results' for new melanoma treatment

The value of immunotherapy in treating melanoma cannot be underestimated, according to respected Lismore general surgeon Austin Curtin who spoke about immunotherapy and other ways of managing melanoma, including surgery, in the latest installment of the [GPs Ask video series](#) developed by St Vincent's Private Hospital Lismore.

Dr Curtin said immunotherapy was the 'latest addition to our armamentarium' and had been delivering impressive results.

'Fifty percent of people with metastatic melanoma respond to these drugs. Thirty percent of people, in fact, have lost all evidence of disease and are surviving for more than five years.

'At the moment it is being used for advanced disease only; that is, stage three node positive, or stage four metastatic



Guido4, CC BY-SA 3.0, via Wikimedia Commons

disease. It's a fascinating new form of therapy being developed after years of investigation into a cure for HIV.

'It targets the T cell, which contains immune blockers; these are called checkpoint blockers or checkpoint inhibitors. [Checkpoint inhibitors](#) actually decrease the effectiveness of the immune system and they directly affect the T cell.

'These new drugs are checkpoint blockers that inhibit the checkpoints and allow the T cell to perform at its maximum ability.'

'The results are astounding. Checkpoint inhibitors are the biggest advance we have had in the management of melanoma over my career,' he said.

The GPs Ask video series has been specifically designed to answer common questions from GPs on the Northern Rivers, and features expert advice from local specialists.

Medical professionals can [sign up](#) to receive St Vincent's Dear Doctor newsletters, which feature new GPs Ask videos and important updates and information from the hospital.

All the videos can be viewed on [St Vincent's website](#).

GPs Ask Video Series

Tailored content for local GPs



Episode 1
Pain Management
with Dr Tim Scholz



Episode 2
Liver Surgery and the CUSA Device with
Dr Gratian Punch



Episode 3
Managing Diabetic Foot Disease
with Dr Dominic Simring



Episode 4
Colorectal Cancer Screening
with Dr Daniel Bills



Episode 5
**Screening for breast, bowel and skin
cancers** with Dr Sally Butchers



Episode 6
Management of Melanoma
with Dr Austin Curtin

Subscribe to the **Dear Doctor** newsletter
and the **GPs Ask** Video Series at svh.org.au/gp-hub/

CAP217 040222

St Vincent's 100 YEARS
LISMORE BEST CARE. RIGHT HERE.



TMS Outpatient Clinic NOW AVAILABLE

Healthe Mind Bangalow is pleased to offer a TMS outpatient option which allows patients to receive TMS treatment with minimal disruption to their lifestyle.

What is Transcranial Magnetic Stimulation (TMS) therapy?

TMS therapy is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression.

TMS outpatient process

Healthe Mind Bangalow's TMS outpatient clinic allows patients to receive TMS treatment with minimal disruption to their lifestyle.



TMS specialist Dr James Goldstein

Dr James Goldstein is an Addiction and General Adult Psychiatrist, Director of TMS at Currumbin Clinic and the Chair of the Medical Advisory Committee. He provides outpatient TMS services at Bangalow and Currumbin.

Cost

A bulk billed initial assessment for TMS suitability with Dr James Goldstein is available. Following an assessment, patients may be able to utilise the NEW Medicare rebate for treatments.

Medicare rebates are available for patients who:

- Are aged 18 years and older
- Are first time recipients of TMS therapy
- Have been diagnosed with major depressive disorder
- Have trialled two different classes of antidepressants
- Have had psychological therapy

How to access the service

To find out more and discuss the best options for your patients, please call Kate Cross (CEO Currumbin Clinic) on **0438 514 157**. Please fax referrals to **07 5534 7752**.



After the pandemic, virtual healthcare is the future

The COVID-19 pandemic has shifted perceptions of the health system. With virtual healthcare, some acute conditions can be treated at home. This article by Martin Bowles, former Northern Rivers Area Health Service CEO and former Secretary of the Commonwealth Department of Health first appeared in John Menadue's [Pearls and Irritations](#) in September 2021.

I have long believed we need to see a shift from our fixation on beds in hospitals. We have seen successive governments focus on beds as a proxy for the healthcare system.

We have also had a very structured view on how we pay for healthcare. We have a transactional approach to care. While this is fine for my broken leg or a simple viral infection (not COVID-19, of course) it is not appropriate for someone with a long term chronic condition. Where we need multidisciplinary care, we need a different payment structure to support that care.

When I was secretary of health we tried to look at a medical home model which would incentivise clinicians to take a more holistic view of patients with chronic conditions to better meet their needs. While this was trialled it has not gained traction.

Fast forward a few years and 18 months into the COVID-19 pandemic, I think we are finally seeing the emergence of some very interesting models of care delivery. At Calvary Healthcare, where I now work, we are looking at this opportunity to see if we can make these models work.

Responding to a tender from the South Australian government we developed a virtual care centre concept. At the base of this sits a digital platform with remote monitoring capability. We are still in the first year of this and we are seeing some great signs for the future. There are a number of acute conditions that can be dealt with at home with a medical led digital platform with remote monitoring. The list of illnesses we will be able to deal with will grow as the program matures.

Patients are loving it, as they can have their acute treatments at home in the secure knowledge that they are being



Photo by Mary Eineman on Unsplash

monitored and supported by a clinical team led by a doctor and that there is a mechanism for someone to “visit” them regularly, both physically and virtually. While the traditional hospital in the home deals effectively with non-acute patients this virtual medical model allows us to treat more acute patients at home. And patient experience and satisfaction has been fantastic.

COVID-19 has changed the perceptions of society more broadly, but for patients of our healthcare system, they are increasingly looking at not going to hospital if they can avoid it. Virtual care is the answer and the future of healthcare. Clearly not for all reasons but for appropriate reasons and particularly for chronic disease sufferers.

If we strive to achieve the quadruple aim here: improved patient experience and outcomes, an efficient sustainable system and improved provider experience we are definitely on the right path I believe.

At Calvary we run public and private hospitals, residential aged care homes and community at home care. With the introduction of this virtual platform it gives us a unique opportunity to provide an integrated service to the patients, residents and clients we care for.

With the advent of the Delta strain of SARS-Cov-2 we have seen extended lockdowns and significant numbers of people affected by the virus. As we move to higher vaccination rates and start to “open up” we will likely see more people affected but hopefully not requiring hospitalisation. That said we will still need to care for and support these people, most likely in their homes.

What better way than to use our capability in virtual care? A month ago we were approached by Western Sydney Local Health District to see if our capability could be used to look after COVID-19-positive patients at home. And of course the answer is a big yes.

What we are seeing at the moment is that approximately 90 percent of COVID-19 positive patients can and are being cared for and supported at home. These people can be managed virtually. Another interesting behaviour we are seeing is that some of these patients don’t really want to have someone call them daily to check in on them. They would prefer to respond digitally. As long as we can build the guidelines and escalation protocols, all this is entirely doable and safe.

So I think we have a unique opportunity at the moment to capitalise on looking at new and innovative ways to deliver healthcare where we can get to the right patient at the right time in the right setting for their circumstances.

We are demonstrating that these models work. We now need to be courageous and forge ahead to revolutionise healthcare. We have amazing clinicians and care workers and now technology solutions that will support them to meet the demands of patients and the community at large.

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Open borders help overseas nursing students return

Southern Cross University is welcoming international students back on campus, with 36 international nurses now well advanced in their training to work as Registered Nurses in Australia. More good news is SCU welcoming the first full international cohort back to its Gold Coast, Lismore and Coffs Harbour campuses for the main 2022 intake.

The Australian border opened to international student visa holders in December 2021, with postgraduate nursing students among the first to arrive to study the Graduate Certificate in Australian Nursing at SCU's Gold Coast campus.

Once these international health professionals complete their intensive classes, followed by a six-weeks practical placement at The Tweed Hospital, they are professionally equipped to bolster Australia's healthcare system in critical care hospital settings.

Student Lea Pamela Salvador said she and her classmates were thrilled to be among the first new international students back in the country, living on the Gold Coast and learning in state-of-the-art labs overlooking the beach and hinterland. She has 10 years' experience as a nurse, the past five as a manager for the critical care unit at a 500-bed infectious disease hospital in the Philippines.

'I was supposed to come into this Australian Nursing program two years ago but now the dream is finally happening and I will soon be qualified to work in Australia as a Registered Nurse,' Ms Salvador said.

'And with this week's government announcement about tourists returning to Australia I am looking forward to my family being able to come and visit.'

Her classmate Ross Unlagada also booked his tickets to Australia as soon as the border announcement was made.

'In the Philippines I was working in an adult Intensive Care Unit at the country's biggest tertiary government hospital. The past two years working as a COVID-19 ICU nurse was very physically and mentally taxing, but I think it has prepared me well to work here in Australia,' he said.

'Southern Cross University has been so helpful and supportive, and I'm enjoying getting to know the other nurses who have arrived from around the world, from India, Samoa, the Philippines.'



Justy Loudel Botante previously worked as a dialysis nurse at Western Visayas Medical Center, a 400-bed, tertiary and service-oriented government hospital in the Philippines.

'I want to work wherever I can be a help to the Australian healthcare workforce, especially during this pandemic,' Ms Botante said.

Christine Martin, SCU's Manager International Student Mobility and Recruitment, said Southern Cross University is thrilled to welcome back commencing international students.

'We have greatly missed their input to our University and local community over the last 18 months, but we are proud of the resilience these students have shown over this challenging period,' she said.

Ms Martin said programs in the Faculty of Health and Faculty of Education were most popular, with a 40 to 50 per cent increase in international student enrolments in health and education across the last 12 months.

'While some traditional programs experienced a decrease in international

demand when borders were closed, we are seeing international applications build again in 2022, with acceptances for the second half of the year already up 20 per cent on last year's enrolment,' she said.

'We are also pleased with the diversity of nationalities represented in our student group, with strong growth in student enrolments from the Philippines, Brazil, Colombia and Japan, joining our students from China, India and Nepal.'

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Designer flags new era of Aboriginal pride

The Aboriginal flag symbolises the most ancient living culture on Earth but in signing over his copyright to the Commonwealth the Luritja artist Harold Thomas has invoked one of the newest creations of the artworld, a non-fungible token (NFT).

Mr Thomas explained that he had 'minted' the NFT – a one-of-a-kind digital asset stored on a blockchain – in December 2021 to commemorate the anniversary of the flag he created fifty years ago as a symbol of unity and pride: 'That pride we have for our identity that harks back to the birthing of our dreaming, to the present existence and beyond,' he told national media. And we humble ourselves and give homage to all that has been created and left for us.'

He added that before assigning copyright, 'I created the authentic digital representation of the flag, which I have minted as a non-fungible token (NFT) acknowledging the potential of NFTs in

the digital art world. I will hold the NFT on an ongoing basis, on behalf of Indigenous communities.'

Mr Thomas said he made the Aboriginal flag to lead a demonstration on the National Aboriginal Day Observance Committee, which started from Victoria Square, Adelaide, on Friday, July 9, 1971... I have been the copyright holder of the flag but I have struck a deal with the federal government... that ensures it can be used by all Australians.'

He has painted from the age of 14 as a watercolourist and landscape painter, gaining a scholarship in 1965 to the SA School of Art. Examples of his diverse artworks can be viewed on his [website](#).

The deal, for a reported \$20M, has freed the flag for personal reproduction and use. The agreement also includes:

- all future royalties the Commonwealth receives from sales of the flag will be put towards the ongoing work of NAIDOC



- an annual \$100,000 scholarship in Thomas' honour for Indigenous students to develop Indigenous governance and leadership

- an online history and education portal for the flag.

To ensure the flags continue to be made commercially in Australia the current manufacturers, Carroll and Richardson Flagworld, will remain the exclusive licensed providers of Aboriginal flags and bunting.

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MBBS, MRCP (UK), FRCP (UK) FRANZCR



Dr Selena Young
MBBS, MPAIC, FRANZCR

MPs consider verdict on the health of NSW's 'Three Rs'

April 22 this year is looming as a milestone day for the state's health system, marking the release of the NSW Parliament's inquiry into health outcomes and access to health and hospital services in the 'Three Rs' – the rural, regional and remote parts of New South Wales.

Written submissions closed on January 15 last year, with a total of 718 received, mostly marked 'name withheld' and in the main, highly critical.

A string of subsequent media reports has echoed the dissatisfaction of patients, families and friends. One came from journalist Liz Hayes who wrote (in [The Sydney Morning Herald, 13 Sept 2020](#)) of her father's death in Taree: 'I would find out much later that the doctor was delivering information that would forever haunt me. That the vital anti-stroke tablets dad took for a heart condition, atrial fibrillation, had never been given to him during his entire eight-day stay in the private hospital.'

A submission by a mother living on a property near Tamworth read, 'My 12 week old daughter became very sick at home. We decided to drive her to Tamworth emergency as Quirindi and Gunnedah (the two closer small towns to us) don't have a paediatrician.'

'Tamworth hospital also has a brand new children's ward and emergency department so we thought it was safest to take her there. We arrived at Tamworth Emergency at 2 in the afternoon and we didn't see a paediatrician till 11.30pm and then we weren't admitted to the children's ward till 1.30am. This is just the start of the dismal service we received...'

Submissions can be [viewed online](#).

Public hearings were then held throughout the year and into early 2022, with a session at Lismore Workers Club on 17 June 2021, and others in Taree, western NSW and Sydney.

In Lismore, seven state MPs presided,

with attendance by local Member Janelle Saffin and Labor's shadow minister for health, Ryan Park. Giving evidence were Sharon Bird, Proprietor and Pharmacist, Bonalbo Pharmacy, via teleconference, George Thompson, Member, Coraki Health Reference Group, Marilyn Grundy, Branch President, Old Bonalbo CWA, and Maureen Fletcher, Chair, Ballina Cancer Advocacy Network.

The tone of their evidence mirrored that of the submissions. Maureen Fletcher is recorded as saying, 'We had a man who had had melanoma who had half a nose, so he was socially isolated. He only found out that a prosthetic nose was available when a fellow patient asked at hospital why he did not have it. This highlights the gap within the hospital outpatient system.'

'Also, a woman, after having a breast lumpectomy at the Gold Coast, returned to Byron. Next day, having issues with her wound, she went to Byron hospital. No help was available at all, and the Tweed breast nurse did not return calls.'

Submission No. 629 came from The Royal Australian College of General Practitioners (RACGP), beginning with a disheartening overview: 'The national picture is well known, with a wealth of research and data confirming that patients in rural, regional and remote communities have poorer health outcomes than those living in the major cities.'

'Evidence has been gathered over several decades, describing the challenges facing these communities, and investigating some of the underlying reasons for the inequity in outcomes when compared to communities in urban areas.'

Listing the poorer health outcomes, from higher rates of road injury and death from chronic disease, to the various determinants, from socio-economic inequality to the risks of farming and mining, the RACGP discussed unmet needs for primary care and a lack of access to

specialist services, including palliative care (Coffs Harbour being a noted exception).

'A lack of a range of doctors in rural communities means that GPs in these communities often provide care which, in an urban setting, would be provided by a different health professional,' the College noted.

It lodged ten recommendations in the categories of Training, Attracting GPs to rural areas and Supporting rural GPs.

These included –

- Increasing the number of rural-origin students in medical school;
- Increasing exposure to rural general practice in undergraduate and graduate medical courses;
- Increased support for rural GP supervisors, including increased funding for compensation, and access to training and professional development;
- Encouraging a whole-of-community approach to settle GPs into rural communities;
- Greater incentives, rebates, and scholarships for rural GPs to gain and maintain additional skills to benefit their community. This should include both procedural (e.g. anaesthetics, obstetrics) and non-procedural (e.g. mental health, paediatrics, palliative care, emergency medicine) skills; and,
- Involving GPs in disaster management plans, and helping them support their communities when disasters happen.

Many of these may not sit within the ambit of a state government, although strong advocacy to the Commonwealth could well feature in the report to be tabled by the NSW Legislative Council's Portfolio Committee No. 2 – Health.

Whatever the details, no one should be expecting a clean bill of health for the system that everyone in the 'three Rs' relies on.



Building blocks

by David Guest

The Superbowl is the final of the American National Football League and a major event in the calendar for many Americans. There are about 12 minutes of live action in the three hours it takes to play and much of the intervening time is spent on advertisements.

These ads tap into the zeitgeist of American life and are a bellwether for future trends. For many the Superbowl is a must watch event. Must watch for the ads that is, not the game.

At this year's Superbowl there were four advertisements for crypto currencies. At \$13 million for sixty seconds they don't come cheap but the wild ride of crypto speculation has fueled fortunes for some early adopters and there is a large market for new entrants.

Thousands of companies are competing for this attention in America, Australia and around the world. You don't want to miss out. Don't be like (not-happy-as) Larry.

Larry David Crypto Commercial. FTX Super Bowl Commercial 2022



The internet has revolutionised many aspects of modern life. The way we work, get paid and pay our bills have all changed radically in the last 30 years. Fewer and fewer people use cash for everyday transactions. As entrepreneur Elon Musk has noted, the world of money and finance is now simply the movement of bits between interconnected databases.

The downside of this is that all transactions are run through intermediaries who charge a fee for the service. This can vary from two to three percent for standard transactions and up to 10% or more for those repatriating small amounts to family members' overseas accounts.

Another disadvantage of relying on the financial system is that access can be denied. You can even have your assets seized by the government. This may occur if you are deemed a bad person (freedom fighter / terrorist) or from the far left or right. Cryptocurrencies are popular in countries that do not have strong legal systems.

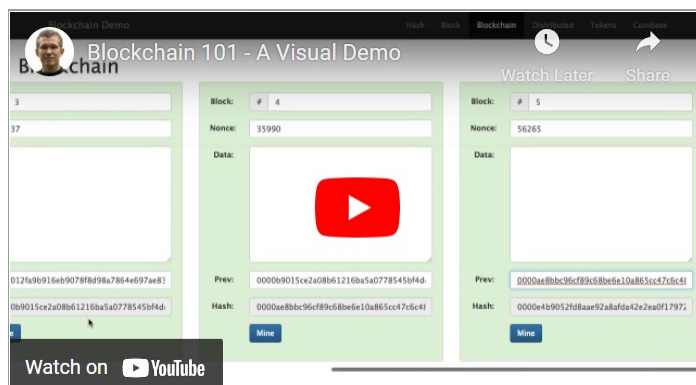
For many years mathematicians and cryptographers around the world tried to find a way to conduct secure transactions between two parties that relied neither on a trusted intermediary nor on the honesty of the other party.

The task was to solve "the double spend" problem of using a crypto coin twice. This is essentially equivalent to making your

own counterfeit coin and spending both it and the original. The solution came in 2008 when Satoshi Nakamoto created [bitcoin](#).

Bitcoin relies on only a few mathematical concepts. Cryptographers mulled over the proposal for a few years before finally accepting it as a workable system for digital money. Perhaps some of the slowness in uptake was due to the fact that Nakamoto was a pseudonym and the inventor's true identity was not known and his, or her, identity remains a mystery to this day.

Blockchain 101 - A Visual Demo



In 2011 the first real world transaction using bitcoin occurred when Laszlo Hanyecz famously bought [two pizzas for 10,000 bitcoin](#). The currency has appreciated since then and in today's dollars this would appear to be poor value for money. (1BTC = \$A54,146.12 at the time of writing).

Bitcoin succeeded because it was the first successful solution to the double spend problem where there is no trusted party. Nakamoto achieved this by making it too expensive for bad actors to subvert agreement on the next valid block in the chain. A 51% consensus is enough to validate the next block in the chain and make the transactions it contains immutable. The past cannot be rewritten.

The cost of continuing the chain is determined by finding, known as mining, a [valid hash](#) of the transactions contained in the block. This cost has gone up over time and is measured in processing power and more particularly the cost of electricity to power the thousands of computers that make up the [mining farms](#) that create validating hashes and authenticate the transactions. The cost to power the bitcoin system varies but is now greater than that of many [smaller countries](#).

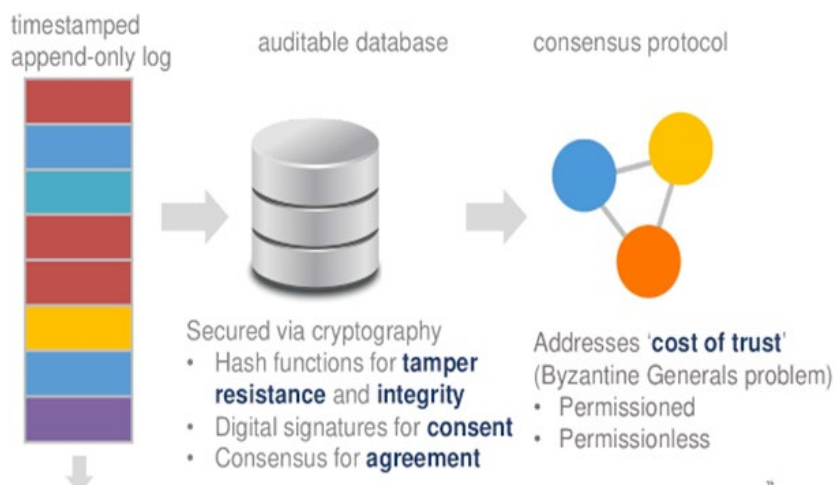
Environmentalists and others have questioned these costs and alternatives have been devised.

Instead of letting anyone find the next block in the chain by using vast amounts of electricity it would be simpler and cheaper to only allow a small group of trusted entities to determine the next block. In the jargon of cryptocurrencies you would have a permissioned not permissionless system. Blocks are added by trusted entities with a "proof of stake" in the system, not by anonymous miners around the world using a "proof of work" (by burning through a lot of electricity).

While permissioned blockchains are faster and less energy intensive they lose the pseudonymity that permissionless blockchains provide. You are back to relying on other parties who



What is a blockchain?



will charge a fee, albeit smaller, than the banking system's.

Blockchains are an example of [distributed ledger technology](#) (DLT) and have important uses outside of finance where the maintenance of the historical record is paramount. They can be used in property settlements and supply chains where documentation of the passing of ownership from one entity to the next is the critical component.

The distributed ledger becomes the canonical record, the final

unalterable source of truth. Since it is replicated on multiple nodes (computers) around the world it greatly reduces the difficulty and cost of verifying blocks of transactions. Hundreds of these use cases have been proposed.

There are some projects that are delving into the use of these DLTs in medicine. While some scenarios like the production and distribution of medications are clear the benefits in others remain to be established.

The use of blockchain and DLTs will be the subject of an article in a future edition.

Bitcoin as an open source program has been the basis for literally thousands of similar projects. These efforts are launched through a process called an [initial coin offering](#) (ICO). ICOs reached their peak in 2017 when the promoters made millions of dollars but many were scams and investors lost all their money. Over 95% of new coins failed.

Perhaps the advice "Don't be like Larry" is wrong. Larry made his money in an entirely different enterprise and has cashed in on pretending to be "[the greater fool](#)".

Note: The author was the owner of 0.98 of a bitcoin in 2014 before it was lost in the [Mt Gox scam](#) of that year.



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Compressing morbidity improves late-life quality

by Andrew Binns

In one of the most famous lines in American literature – uttered by Nick Romano in Willard Motley's long-forgotten novel *Knock on any Door* – the advice is to “Live fast, die young, and leave a good-looking corpse.”

A number of rock singers and others have heeded this advice, although the state of their corpses has often fallen short of the mark.

In the opposite corner stands Rheumatologist and Stanford University Professor Dr James Fries who more than 40 years ago coined the term ‘compression of morbidity’, meaning to minimise the duration of chronic disease suffering before death, the aim being to improve the quality of our older years. For budget watchers such as politicians this wise advice also relates strongly to the subject of health costs.

Although compression of morbidity has now become a key goal of healthy ageing and longevity it may be easier to express than to achieve, unless appropriate strategies are put into place.

The evidence emerging from research in recent decades shows that while pharmaceuticals are an important factor they are not the whole answer, with the issue of lifestyle being increasingly recognised as a crucial factor.

Enter, the evidence based discipline called Lifestyle Medicine, which now has an established following throughout the world. Locally we have the [Australasian Society of Lifestyle Medicine](#).

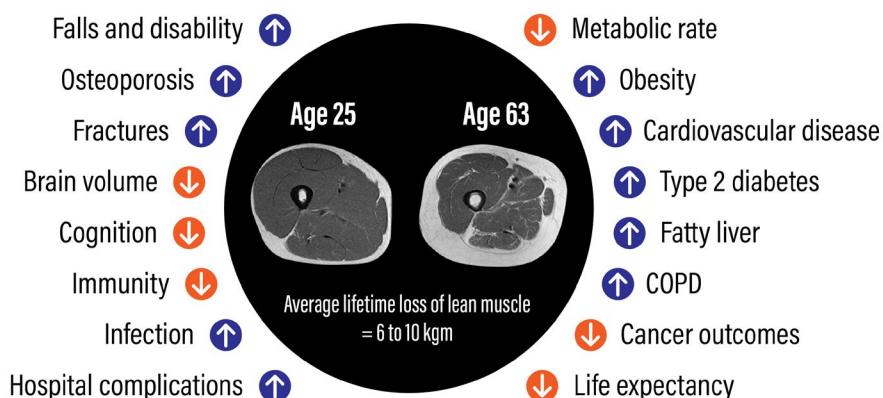
Two major health issues are related closely to healthy ageing, sarcopenia, which is the toll of time on muscle strength, and the prevention or delaying of early dementia.

The former has both metabolic and musculoskeletal implications that can impact on morbidity, mortality rates and quality of life. Regarding dementia, there is a huge amount of research going on to find pharmaceutical solutions, but in the meantime much can be achieved with lifestyle changes.

There is a strong overlap between lifestyle changes needed for prevention of both sarcopenia and cognitive impairment with ageing.

For prevention of dementia the Lancet

Consequences of **MUSCLE LOSS**



Commission on Dementia Prevention in 2017 cited nine causes for dementia -

- Less education
- Hypertension
- Hearing impairment
- Smoking
- Obesity
- Depression
- Physical inactivity
- Diabetes
- Infrequent social contact

A further three were added in 2020 -

- Excess alcohol
- Head injury
- Air pollution

Modifying these risk factors will prevent or delay up to 40% of dementia cases.

Preventing sarcopenia with lifestyle measures will overlap significantly with these measures, particularly by addressing blood pressure and weight control, diabetes prevention, physical inactivity, depression, social contact and alcohol overuse.

Diet and exercise are crucial to addressing these health issues.

As regards diet the evidence favours the Mediterranean Diet, but it has been added to by combining with the Dietary Approaches to Stop Hypertension (DASH) diet to form the [MIND diet](#).

As regards exercise for prevention of dementia and sarcopenia a combination of aerobic and resistance training is needed.

As regards sarcopenia and increasing physical activity the benefits are significant for building up muscle whilst increasing metabolism.

To quote from [Nutrients](#) 2020 June 12 (6) 1755...

‘Although adherence to the Mediterranean Diet may be beneficial to prevent frailty and sarcopenia in older adults, there has been great variability in the populations studied. The ethnic differences in populations and how they might modify the components of the Mediterranean Diet could have an impact on the results. Furthermore, more studies need to evaluate the impact of the Mediterranean Diet on incident sarcopenia, while there is mounting evidence to support the hypothesis that the Mediterranean Diet preserves muscle mass and some physical function in aging populations.’

When it comes to exercise to prevent sarcopenia referral to an Exercise Physiologist is helpful. To begin managing the situation they will start by doing some measurements to assess the degree of muscle loss.

The main tests are grip strength, 5x sit-to-stand test and gait speed. More sophisticated testing for measuring lean muscle mass uses scanning technology which is certainly used for research. But simpler assessment is usually all that is needed for most cases. They will then devise appropriate aerobic and resistance training exercises personalised to the patient's needs and abilities.

In summary the key to preventing dementia, sarcopenia and to the overall compression of morbidity is to address lifestyle issues, and the earlier in life one starts the better. However, it is never too late.

See the Lancet report at - [Dementia prevention, intervention, and care: 2020 report of the Lancet Commission](#)

We are on Aboriginal Land...

by Robin Osborne

It was 36 years ago today, began the email from my journalist colleague and nationally renowned poster artist Chips Mackinolty in Darwin reminiscing that on 26 October 1985 the return of Uluru-KataTjuta – Australia’s greatest icon – to the Traditional Owners (TOs) was formalised by the Governor-General Sir Ninian Stephen.

The title deeds were passed over and the TOs signed an agreement to lease the park back to the Australian National Parks and Wildlife Service for 99 years. A board of management was established with a majority of Anangu (Aboriginal) members. The park continues to be jointly managed but is rarely out of the news. Climbing ‘Ayers Rock’, named in 1873 after Sir Henry Ayers, the Chief Secretary of South Australia, was ended in October 2019, despite some (white) opposition.

In 2015 a TO named Reggie Uluru said, ‘The land was being returned to its original owners, so we were happy. Long ago Anangu were afraid because they were pushed out of their lands. And because of that Anangu left. But now a lot of people want to come back. That’s good. It’s our place, our land.’

The handover was immortalised in a photo published widely and held in the archives (and displayed on the website) of the National Museum of Australia in Canberra. Along with the TOs and Sir Ninian were two white dignitaries, Labor Ministers Clyde Holding and Barry Cohen. Ten years earlier an icon of their own, Gough Whitlam, had participated in another memorable photo shoot, pouring sand into the hands of Vincent Lingiari to mark the return of traditional lands in the Northern Territory to the Gurindji people.

Dominating the Uluru photo was a striking piece of poster art, signed by the TOs, that was presented to the Governor-General to mark the occasion. The original poster also resides in the Museum. It was designed by Chips Mackinolty, a well-established poster artist who had achieved a reputation with silk-screened works



done at The University of Sydney’s Tin Sheds that promoted inner-city music gigs and political demonstrations, and pilloried mostly conservative Australian governments.

Mackinolty, who still lives in the NT amidst working stints in Lebanon and Sicily, recalls clearly how the Uluru-KataTjuta handover poster was created, and most particularly where the design was done – in Wollongong, as far away from the central Australian desert as could be imagined.

Here, **Chips Mackinolty** recounts the background to an artwork and an event that will be remembered as a key image of Australia’s history...

From Uluru to Wollongong and back

There was always a sense, living at Mutitjulu in 1985, of heightened expectation, but also of unreality. As the year advanced, the Hawke promise of land at Uluru-Kata Tjuta being returned to its traditional Anangu (Aboriginal) owners seemed to fade and reappear as national attention focused on the interminable and frustrating negotiations that preceded the date of the handback ceremony.

Anangu, the Central Land Council and representatives from the Pitjantjatjara Council were in endless meetings with the Commonwealth and Territory governments, and the projected date of the handback seemed to change with the regularity of the tourist bus arrivals at the Ininti Store at Uluru. This was a time at the Rock of radio telephones, no faxes, radio or TV, and newspapers arrived a day late, so

the machinations of national and Territory politics seemed distant and remote as preparations were made for Manta, or Land, Day.

An early memory is being woken just after sunrise to help try and chase a television crew from the Willesee program which, typical of the exploitative cynicism of parts of the media at the time, had just carried out a dawn raid on the Mutitjulu camp. You know the line: “can you trust the people who live in conditions like this to manage Australia’s greatest icon?” As it turned out, we drove all over the park trying to find them, but

they’d disappeared. God knows what would have happened if we had succeeded in cornering the journos and tried to demand the videotape be returned.

Another memory is of being on the fringe of the last meeting the Northern Territory Conservation Minister, Steve Hatton, had with traditional owners in his last attempt to persuade them to accept Territory rather than Commonwealth control of Uluru. A picture of Hatton, poor bugger, looking distinctly uncomfortable, as Tony Tjamiwa told him: “We are all agreed that there are two major problems at Uluru: tourists and feral cats. You look after the tourists, and we’ll look after the feral cats—we eat them!”

But my strongest memory of the time is not of Uluru, but time spent in, of all places, Wollongong.

Community adviser Ross Johnston, an unlikely devotee of the fine art market, had come up with the idea of producing limited edition signed prints commemorating the handback, along with T-shirts and explanatory brochures. It would make a few bob for the community, as well as providing an enduring record of the historic event.

So resources were found to fund the venture and Brossy Brumby and myself were packed off to the Redback Graphix studio on the New South Wales south coast to work with Redback’s Michael Callaghan in designing and producing the limited edition.

The Redback studio was as far from Uluru

We are on Aboriginal Land...

cont from P19

as imaginable. Situated in an old beachside kiosk building, you looked directly out at the Pacific Ocean breaking on a north Wollongong beach. And it was cold. Not the cold of the desert, but that of winter winds and rains coming from southern oceans.

For Brossy Brumby, once the designs and words were finalised—"Nyuntu Anangu maruku ngurangka ngaranyi", "You are on Aboriginal land"—the time at Redback was pretty boring. He certainly hadn't volunteered to be factory fodder, printing and racking prints, posters and T-shirts. So he explored the streets and parks of Wollongong, disappearing for hours at a time, often in the company of a bloke called Sav, a cheery punk seeing the sights of the Steel City with a man of the desert.

One night Brossy discovered one of Wollongong's roughest pubs: working class and a serious hangout for junkies, punks and bikies. He had also gone back to a junkie's flat for a few drinks after closing time. Hardly a safe haven for a green chum

from the bush.

Talking about it over breakfast the next morning he said he'd had a great time. They were good people, he said, and wanted to know all about Uluru and Anangu. They were happy, he said, to learn about land rights and what the return of Uluru-Kata Tjuta meant to his people. He said it was much better than Alice Springs where, even if he could get entry to a pub, he was treated with contempt by staff and patrons alike. "And not only that, but they looked after all my money for me. I left it there so can pick it up later."

Michael and I looked at each other, expecting the worst. He'd gone, as it turned out, cashed up with his entire travel and expense money for the trip--\$700—and had come back from the pub with less than \$20 in his pocket. It seemed a tough way for Brossy to learn that his companions of the night may not have been as innocent in their quest for knowledge of Aboriginal land rights as they seemed.

There was not much optimism at pub

opening time that morning, but the barmaid from the night before was on deck. Seeing Brossy, she cheerfully went to the till and produced the Mutitjulu envelope with \$680 intact. He'd barely needed to buy a round all night.

As they watched TV on the night the Governor-General and Anangu traditional owners held aloft a framed limited edition print on 26 October 1985, it is doubtful the patrons and staff of the pub knew they had played a part in preparing for the ceremony of the return of Uluru.

Wollongong, and in no small way the junkies, punks, bikies—and barmaids—of that town, had made an unsung contribution to the success of the Uluru handback. They had proved to one Anangu man that Australians of goodwill can be found in the most unexpected places.

First published in Take Power like this old man here: an anthology of writings celebrating twenty years of land rights in Central Australia, Central Land Council, 1997.

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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.



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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.



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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.



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Dementia report examines Australian impacts

Dementia, including Alzheimer's disease, is the second leading **cause of death** in Australia, surpassed (at 40.5 per cent) only by ischaemic heart diseases (49 per cent) and well ahead of cerebrovascular diseases (27.5 per cent).

Not surprisingly, then, the condition merits special study by the Australian Institute of Health and Welfare (AIHW), the Australian Government body charged with such research, and its recently released report gives great cause for concern in an ageing society.

The AIHW estimates for 2021 indicate that there are between 386,200 and 472,000 Australians living with dementia, a greater proportion being women. This is equivalent to 15 people with dementia per 1,000 Australians (18 per 1,000 women and 11 per 1,000 men). Some 2-in-3 people with dementia are thought to be living in the community.

The rate of dementia rises quickly with age – from less than one person with dementia per 1,000 Australians aged under 60, to 68 per 1,000 Australians aged 75–79, and then to 399 per 1,000 Australians aged 90 and over. While the rates are similar for men and women in the younger age groups, they diverge with increasing age: for the oldest age group, the rate of dementia among women is 1.4 times the rate of men.

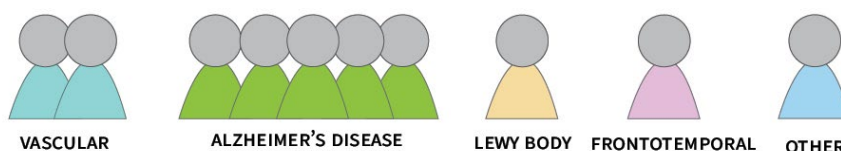
Dementia in Australia was launched in September 2021 by Senator Richard Colbeck, Minister for Senior Australians and Aged Care Services. It is the AIHW's first comprehensive 'compendium' report on dementia since 2012 and provides the latest statistics on population health impacts, carers and care needs, health and aged care service use and direct expenditure in relation to dementia.

'Dementia is an umbrella term for a large number of conditions that gradually impair brain function,' said AIHW spokesperson Dr Fleur de Crespigny.

'It poses a substantial health, aged care and societal challenge and with Australia's rapidly ageing population, it is predicted to become an even bigger challenge in the future.'

'Dementia was responsible for about 14,700 deaths in 2019 – accounting for

DEMENTIA



9.5% of all deaths that year. It was the second leading cause of death in Australia, behind coronary heart disease and it was the leading cause of death among women (around 9,200 deaths in 2019).'

Although ageing increases the risk of developing dementia – one-in-12 Australians aged 65 and over are living with dementia, with 2-in-5 aged 90 and over – it is not an inevitable part of ageing. Conversely, it is estimated that at least 27,800 Australians aged under 65 are living with younger onset dementia.

The rate of dementia among Indigenous Australians is estimated to be 3–5 times as high as the rate for Australians overall. With an ageing Indigenous Australian population, it is expected that the impact of dementia among Indigenous Australians will continue to rise in the future.

There is no known cure for dementia, but there are medications that may help manage symptoms of Alzheimer's disease. In 2019–20, there were over 623,300 prescriptions dispensed for dementia-specific medications to about 64,600 Australians with dementia aged 30 and over.

'In 2018–19, \$3 billion of health and aged care spending was directly attributable to dementia. This included \$1.7 billion on residential aged care services, \$596 million on community-based aged care services and \$383 million on hospital services,' Dr de Crespigny said.

'Most people in the advanced stages of dementia rely on care and support provided by residential aged care services. Over half of the people living in permanent residential aged care have dementia. In 2019–20, one-third of younger people (aged under 65) living in permanent residential aged care had younger onset dementia.'

Dementia Australia Chief Executive Officer Maree McCabe AM welcomed the report and ongoing work by the AIHW to improve data about dementia.

'Better data about the experiences of Australians living with dementia and the people who care for them are essential and these can be used to improve policies and support services for those who need them most,' Ms. McCabe said.

New National Centre for Monitoring Dementia

With a budget of \$13 million over four years, a National Centre for Monitoring Dementia (NCMD) is being established at the Australian Institute of Health and Welfare (AIHW).

The government's announcement during Dementia Action Week (20–26 Sept.) said the Centre will undertake routine monitoring of dementia, address existing data gaps and inform specific policy needs for Australians living with dementia.

Preliminary work to establish the centre has commenced. It will also encompass work on dementia that is already underway at AIHW, including projects on younger onset dementia, the mental health of people with dementia and the health and aged care interface for people with dementia.

'The report demonstrates the Institute's expertise in producing the information and statistics, that underpin our world-leading health and welfare systems,' Senator Colbeck said.

'Health and aged care policy is always the better for being informed timely and accurate data and information. This is a valuable report that provides an updated comprehensive picture of dementia and its impacts on Australia's health and aged care sectors.'



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Training to savour pleasure boosts wellness

When was the last time you felt awe? Maybe it was last night, out watching the stars in that vast sky, uncountable, and of a scale somehow designed to highlight our smallness. What about admiration? Enthusiasm? Amusement? How about euphoria...?

It is a perfect time to take stock of how often we feel such things because evidence is building that experiencing a wide range of pleasurable emotions has significant benefits for our health and wellbeing [1]. And, perhaps surprisingly, this link holds irrespective of negative events or stress [2].

Individuals who experience higher levels of pleasurable emotions more successfully resist illness and disease, are more resilient, experience lower incidence of depression, and even live longer [3]. Intentionally increasing our opportunities for pleasurable experiences thus makes good sense.

With the pressures and stresses of 2021 hardly needing to be pointed out, the opportunity to focus on and maximise the pleasure in our lives to improve psychological wellbeing, resilience, and overall health has more to offer than ever. However, experiencing pleasurable events is only part of the story. To extract even more benefit, we should savour these moments, relish them. Immerse ourselves in them.



Photo by Artem Beliaikin on Unsplash

Let me use the example of a warm shower. Chances are you have showered quite recently. But, how did you shower? If you jumped in, thinking about what you had to do later that day and showering on autopilot, I suggest that you wasted a wonderful opportunity to savour the experience. Imagine instead you had eagerly anticipated that shower, thought about the luxury of having warm running water available right inside your own home. (Around three billion people on Earth right now do not have safe facilities to wash their hands at home.) When you stepped into the shower, imagine you stood for a few seconds paying complete attention to how the water felt on your body, warm and gentle...

This is savouring. It is a skill. It is simple. It is very powerful [4]. And, it can be increased through training [5].

Savouring interventions are quite new, but show enormous promise [6]. For example, in a pilot study at Southern Cross University, participants attended a PleasureLab workshop providing psychoeducation on the value of pleasure and savouring techniques. Two weeks later, they reported significantly increased savouring behaviours, reduced perceived stress, and increased life satisfaction. A control group showed no such changes.

One mechanism by which pleasurable emotions are thought to deliver their benefits is through activation of the parasympathetic nervous system. Savouring can certainly reduce cardiovascular reactivity, and is thought to neutralise the body's biochemical stress response [1].

So, I challenge you to focus on the small pleasures in your life – and to think about this for patients too. Harnessing the untalked-about power of pleasure makes sense now more than ever.

Dr Desirée Kozlowski is a Senior Lecturer and pleasure researcher at Southern Cross University. She is currently running the National Pleasure Audit to find out where Australians get their pleasure. Take part @ www.NationalPleasureAudit.com.

References on website

Gus Kelly, winner of the inaugural Koori Mail Indigenous Art Award 2021, with his drawing 'Nobody Told Me There'd Be Days Like These'. The work depicts the impact of colonisation throughout history to the present day. Mr Kelly is a Dunghutti artist and elder from Kempsey.

Gus Kelly - photo by Rebecca Rushbrook



A prisoner of hope

John Stevens is Associate Professor at Southern Cross University and the University of Newcastle, co-founder and Director of the Australasian Society of Lifestyle Medicine and Chair of the Board, Rainforest 4 Foundation.

by John Stevens



In a recent conversation with Gamilaraay educator Professor Bob Morgan my spirit was lifted when he told me that after 50-plus years of struggling for justice and equity for First Nations people in Australia and overseas that he remains ‘a prisoner of hope’ despite the glacial pace of progress and change.

I am filled with this sentiment following the recent announcement that over 160,000 hectares of country in Queensland, stretching from Mossman to Cooktown, including the UNESCO World Heritage-listed Daintree National Park, has been handed back to the Traditional Owners, the Eastern Kuku Yalanji. The TOs wept as they celebrated the ‘return of Bubu to Bama’.

As a non-Indigenous man I will never fully appreciate the spiritual and emotional significance of this event. It is a concept that was explained to me by a number of the Kuku Yalanji people last year during an On Country smoking ceremony in the Daintree. I hope I do justice to the telling of its meaning of country:

Bubu, the land, is Country. Country is more than a western appreciation of Country as real estate. It is the mother. It is life.

The Bama are the children, the people



Eastern Kuku Yalanji smoking ceremony as part of the welcome to Country for people attending the hand back ceremony.

that have sprung from Bama. The relationship is circular. One does not exist without the other. All of the Eastern Kuku Yalanji ancestors are living among Bubu. All of the culture, lore and resources required for the children of Bubu to survive and flourish for 60,000 years or more are located here. It is Bama’s job to care for Country.

It is well known in the scientific literature that dispossession is a leading up-stream determinant for the health gaps which torment every one of the 90-plus remaining First Nations populations of the world, including Australian Aboriginal and Torres Strait Islander people.

The phenomenon is literally universal: that all First Nations populations do worse on all health and welfare measures than their non-Indigenous counterparts. On average, there is 10 years’ less life expectancy, and it doesn’t stop there. Infant mortality, obesity and malnutrition, disease like diabetes, kidney disease, mental illness, suicide, poverty, unemployment, incarceration rates, substance abuse, domestic violence and more are significantly higher in First Nations people. The source of this inequity can be traced back to colonisation and

dispossession.

It is not just the physical removal from the land, it is the brutal severing of the connection with it that has devastated First Nations people. It results in the loss of Elders and knowledge keepers, language and customs and the knowledge of self and who your mob are. Continuing to have to justify and explain the unexplainable loss of generations past to a dominant non-Indigenous community, whose view of the world is to see Country as something to exploit and dominate, leads to what Professor Morgan calls ‘spiritual fatigue’.

Dispossession leading to meaningless, alienation and loss of culture and identity is seen as the root cause and source of the intergenerational trauma that has created the gap. The divide cannot and will not heal while the physical, social and spiritual wounds caused by dispossession remain untended and ignored.

The failure to close the gap is not for want of effort or desire by a large number of people, Indigenous and non-Indigenous, who seek truth telling, justice and equity for all. Nor is it for lack of money thrown at well-intended solutions. It has been due to our failure to understand and address



Meeting with Kuku Yalanji people to arrange the transfer of private land recently purchased by Rainforest 4 from donations to add to the Daintree handback



The signed agreements held up in celebration by Elders of the Eastern Kuku Yalanji

the cause of the resulting inequities experienced by First Nations people – dispossession and social and political marginalisation.

The hand-back to the Eastern Kuku Yalanji is an act of restorative justice that will have implications well into the future.

We will see in years to come declines in physical, mental and spiritual illness within the community. We will see the land once again being treated with respect and the love needed for it to heal and repair and provide us all with a little more protection

against climate change, if nothing else.

We who are not Eastern Kuku Yalanji will still be able to visit and immerse ourselves in the embrace of the Daintree forest, both physically and as a destination in our minds. When you close your eyes and imagine the rainforest, the light, the sounds, the smell, the crystal-clear creeks, the giant trees and ancient animals like the cassowary, your body is in tune with therapeutic essence. You relax, your mind is more at peace and breathing comes more easily.

Couch potatoes cost \$200m more than sports injuries

New data released by the Australian Institute for Health and Welfare (AIHW) shows that despite the heavy cost of managing injuries associated with physical activity the burden of treating conditions resulting from physical inactivity is hundreds of millions of dollars more.

The AIHW report Economics of sports injury and participation – Preliminary results is aimed at gauging the potential savings through improving injury prevention and management and increasing physical activity across the population.

It found that around three quarters of a billion dollars is spent each year on managing relatively severe injuries associated with inadequate injury

prevention and management during physical activity (\$764 million in 2018-19).

But – and it's a big one – conditions associated with physical inactivity cost the health system \$968 million in the same period.

The report is the first stage of a national sports injury data strategy consultation aimed at developing an effective National Sports Injury Data Asset (NSIDA).

'Australia is a sporting nation and participation in sport improves our health and wellbeing, however, these benefits are often lessened as a result of injuries that could either have been prevented or better managed,' said AIHW spokesperson Dr. Adrian Webster.

In partnership with Sport Australia and the AIS, the AIHW is investigating the existing and potential data sources that could be used to improve sports injury prevention and management. The aim is to investigate how a NSIDA could:

- provide insight into the types and causes of sports injury in the community
- help sports bodies and their participants to understand where injury prevention programs are needed
- provide ongoing surveillance to monitor trends and evaluate injury prevention programs.

The AIHW is talking with sports organisations, health-care providers, insurers and government agencies to

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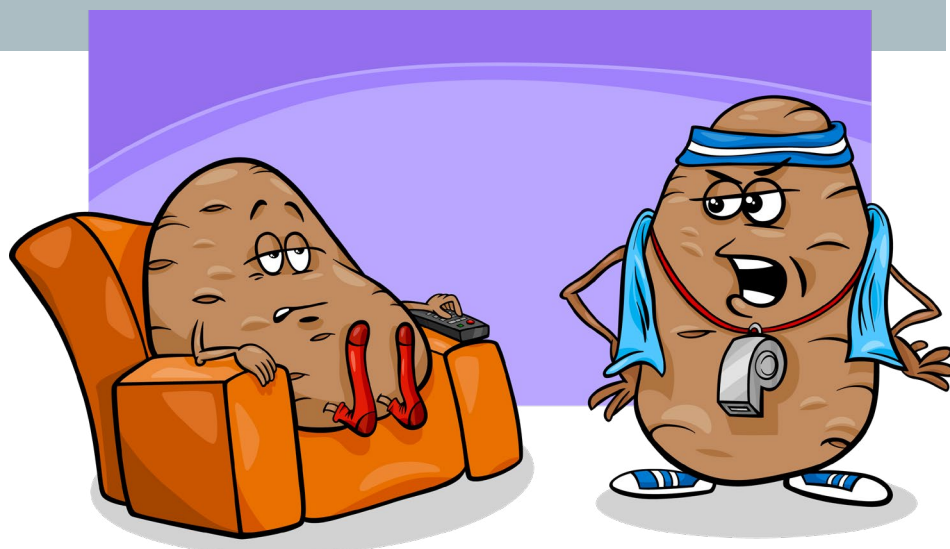
ncrg.com.au

understand what sports injury data is currently being collected. A new online sports injury data collection tool is being piloted to fill a gap in community sports injury reporting. This tool can be used by players, parents, coaches and trainers to record injuries.

'It is hoped that piloting this tool will help us learn how best to collect data on community sports injuries,' Dr. Webster said.

A pilot project will be rolled out by mid-2022 for use on smartphones, tablets and computers.

Feedback on the [proposed data strategy](#) can be emailed to injury2@aihw.gov.au or by calling the project team on (02) 6249 5292 until 18 April 2022.



The AIHW is about to release a follow-up study Hospitalised sports injury in Australia, 2019–20.

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Rail Trail on track to open late 2022

Everything but trains will run on the 'recycled' railway line connecting Casino with the Tweed from late 2022.

by Janet Grist

It's been a long wait for those lobbying for a Northern Rivers Rail Trail but at last funding has come through to allow planning and construction to begin, with legislative changes in place to make it happen.

In October 2021 Kevin Hogan MP announced the allocation of \$9.9 million in funding to build the Bentley to Lismore section. Both the Tweed end and the Casino end of the Rail Trail (24km and 16km respectively) are under construction and will be accessible by late next year.

When complete, the 130km Rail Trail will pass through some of the most scenic countryside in NSW, connecting Murwillumbah, Byron Bay, Bangalow, Lismore and Casino.

Like rail trails elsewhere, the local version should be a drawcard for walkers, hikers, runners, cyclists and horse riders, following the old North Coast railway line. It will offer a unique way to explore the region while helping to preserve the area's history and heritage.

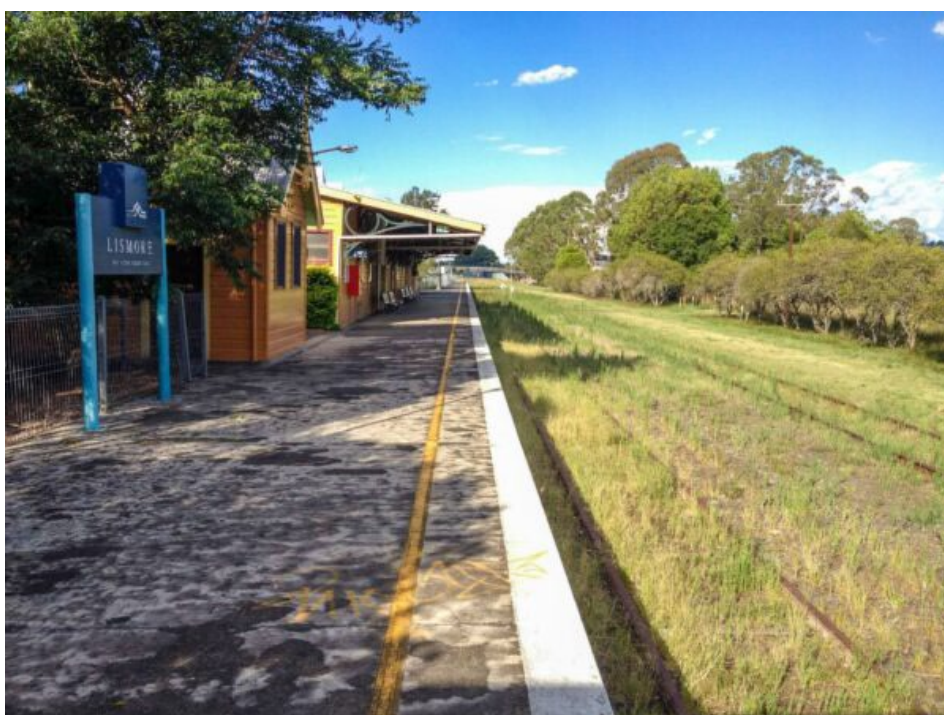
Former Lismore City Councillor Glenys Ritchie has been lobbying for the Rail Trail for more than a decade and is active on the committee of Northern Rivers Rail Trail Inc. She has cycled on rail trails overseas and says they are beneficial for both physical and mental health and wellbeing.

'The Rail Trail offers wonderful outdoor recreation. I'm a cyclist but not a hills person, so the Rail Trail suits me because it's relatively flat and I know it's achievable. It's just nice to ride or walk, as you see things that you don't see when you are in a car.

'A rail trail is a nice, slow enjoyable, relaxing way of really seeing a place and meeting people. You'll be stopping at farm gates and there will be people there to have a chat to. And you stop at the next town and spend some money and go to a coffee shop and ask them about what's going on in their town. It's a very social activity and you feel



Federal MP for Page, Kevin Hogan and owners Darryl Pursey and Joanna Bonaccorsi at their South Lismore business Harris Cycles.



Part of the proposed rail trail at Lismore

some accomplishment when you've cycled 100km over five or six days,' said Glenys.

With easy access from Sydney and Brisbane, the Rail Trail is expected to attract many visitors to the area and there is great potential for both existing businesses and new enterprises to benefit.

Funding for the Bentley to Lismore leg of the Rail Trail was announced recently, with the expected to open in late 2023. Lismore businesspeople are eager to make the most of this new recreational opportunity.

Darryl Pursey and Joanna Bonaccorsi, owners of the century-old Harris Cycles in South Lismore, say the Rail Trail seed was planted about 15 years ago when former SCU lecturer Will Palmer approached Darryl with the idea.

However, when the Rail Trail lobbying started to get too political Darryl dropped out and instead got involved in creating Mountain Bike Trails locally.

'Those Mountain Bike Trails have helped cycling become a family sport because they offer a safe haven away from traffic. And that's the beauty of the Rail Trail, you can plant the seed about the joys of cycling at a young age.'

Joanna said in the past cycling was mainly a solitary pursuit. Mostly 'middle-aged men in lycra' who could no longer run due to an injury and wanted to keep fit. Road bikes became big after the Tour de France was televised.

But in the past few years the appeal of cycling has grown.

'Last Christmas the biggest percentage of bikes on layby were for teenage boys and I hadn't seen that since the BMX days 35 years ago. They've been on their computers but now they are getting back on bikes. It's great to see,' said Darryl.

He said recent lockdowns also saw families out getting exercise together.

'Through the lockdowns when the roads were quiet we'd never seen so many families out riding their bikes. The roads were safe and if the kids start doing that activity, hopefully it stays with them for a long time. That's a big health benefit.

'The availability of e-bikes means



anybody now can get involved. With e-bikes you still get exercise and they work for people who otherwise wouldn't even think about going for a ride. So having the Rail Trail and e-bikes will make cycling much more accessible for families.'

Joanna said she and Darryl are looking forward to the Rail Trail opening and plan to ride the entire 130km when it's completed.

'With a Rail Trail cycling becomes possible for everyone, not just a select few. You can put as much effort into it as you want or not. Walk or cycle or ride a horse as far as you want. There are so many lovely little villages along the way. We are lucky to have such diversity of terrain with easy gradients. It will allow people to get out and see how nice it is to be out in the countryside on a bike.'

Other businesses excitedly waiting for the Rail Trail to come to Lismore are The Blue Kitchen Gourmet Foods and Two Mates Brewery.

Jamie Fell and Fran Austen closed the popular Blue Kitchen Café in Lismore earlier this year to devote their energy to their food van and to focus on their plans

to revitalise the old South Lismore railway station. They have a DA before Council to transform the station into a restaurant, cafe and bar, and bring life back to the neglected building and station precinct.

Nearby, Grant Smith and Andrew Newton are hoping to open their new Two Mates Brewery by the end of the year. It's in Engine Street, near the old railway station.

The business partners want to create a family destination and they are ideally located to take advantage of Rail Trail users.

Glenys Ritchie encourages business owners who want to get involved along the rail trail – with Bed and Breakfasts, cafes, farm stays and other enterprises – to get in touch with Northern Rivers Rail Trail Inc. as there is support available to help people develop their business ideas.

'The time to start planning is now,' Glenys said.

To find out more, go to: northernriversrailtrail.org.au

The Bookshelf



Autopsies for the Armchair Enthusiast

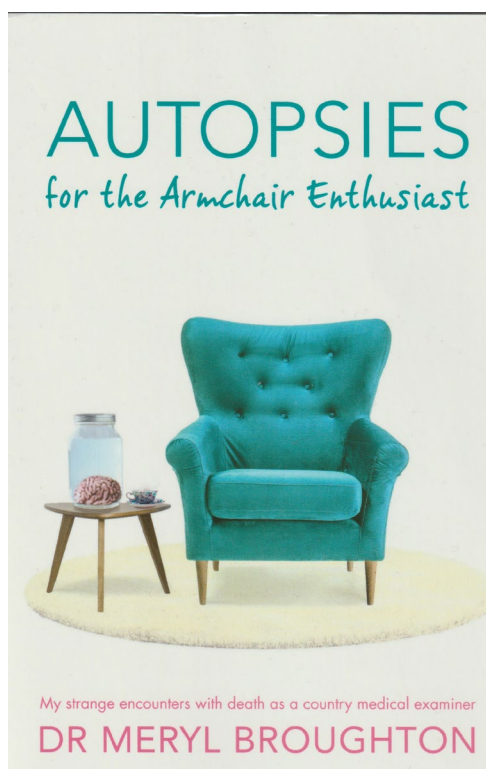
Dr Meryl Broughton
Bad Apple Press, 218pp

The cover is initially deceptive, focusing the eye on the lurid turquoise armchair, beside which sits a cup of tea on a small side-table. Then we see a human brain in a jar of formalin and realise that this book may not be the comfortable read we had expected.

Of course, ‘autopsies’ in the title gives the game away, as does the sub-title, ‘My strange encounters with death as a country medical practitioner’. All that seems missing from the photo is a scalpel, although there is cutting and slicing and sawing aplenty as Dr Meryl Broughton, who developed a passion for performing autopsies, takes us on a literal insider’s tour through some of ‘the 110 cases of sudden death examined by me under the direction of the delegated coroner based in the regional city where I worked.’

Suitably forewarned, we embark on a journey that is not for the fainthearted, although practitioners will have little trouble with it, and indeed be better versed with much of the technical details than the general reader. Despite its popular appearance, this would be a valuable text for medical students. The focus, as might be expected, is the opening-up of cadavers – a term she prefers to ‘corpses’ – the peeling back of skin, the removal of organs, examining of the brain, and more.

Devotees of forensic pathology, *Silent Witness* et al, may be disappointed, for this is not a book about uncovering criminality. Most of the deceased examined by Dr Broughton had died for predictable, mundane and often avoidable reasons, notably being overweight, under-exercised, heavy smokers or drinkers (or both), or having a range of co-morbidities leading to



an earlier than ideal death.

With the exception of a few poor souls who experienced fatal accidents or were suspected suicides, her cadaver cohort comprised normally unhealthy Australians whose deaths were only made unusual because a coroner (who is not a medical practitioner) directed that their passing warranted post-mortem examination, and often toxicology analysis by pathologists or other experts.

The legal rules for coronial involvement include a doctor being unable to determine the cause of a death or believing suspicious circumstances, a death appearing to be from unnatural or violent occurrences, during an anaesthetic, or the person being in care, of unknown identity or experiencing action by a police officer.

In Dr Broughton’s experience in rural WA, examinations were conducted in the local hospital’s autopsy facilities

unless there were unusual or suspicious features and no likelihood of a court proceeding. Otherwise, reportable deaths would have to go to the state mortuary for a post-mortem by a qualified forensic pathologist... enter, *Silent Witness*, *CSI* etc.

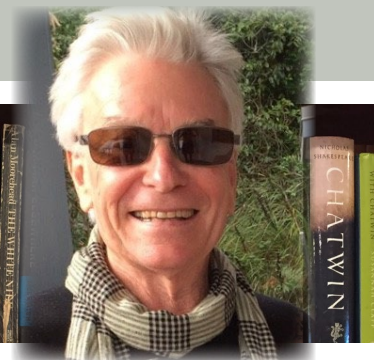
She profiles scores of cases, from Jack, a methadone patient, to Cecily, with a thyroid condition; Carmen, who suffered from temporal arteritis, Martin, with burr holes drilled into his head after a cycle accident as a child, and Stuart in his mid-sixties, who collapsed off a bar stool... all of them dying unexpectedly, at least to their families and friends, if not to their GPs, and all requiring by law to be sliced open (and later stitched up again), probed and prodded, reported on, and the information provided to the coroner’s office, and, if they are known, their next of kin.

To the author’s credit, the role of the mortuary technician is heralded, for these highly skilled staff do much of the grunt work, from the initial opening-up to the eventual closures. It’s a tough job in often messy circumstances, rarely shown on the TV shows and greatly underappreciated by outsiders and insiders alike.

The book ends with a requiem for the autopsy service where the author applied her skills when she wasn’t attending patients as a GP. ‘The new hospital would not have an autopsy room’, she notes somewhat wistfully, before adding a testimony to her family members who have died, their ages ranging from 55 to 91, such is the human condition.

From the start of her medical studies, Dr Broughton realised, much to the amazement of her peers, that she ‘didn’t like sick people’ and felt more comfortable exploring the secrets of the dead. This memoir of her chosen career path is a truly fascinating account.

Book reviews by Robin Osborne



A Witness of Fact

Drew Rooke

Scribe 256pp

While oddly complementary to Autopsies for the Armchair Enthusiast, this investigation is more legalistic in tone, not least because the subject, SA's former chief forensic pathologist Colin Manock was, to be charitable, a corner-cutter. It is indeed what the sub-title calls a "peculiar case".

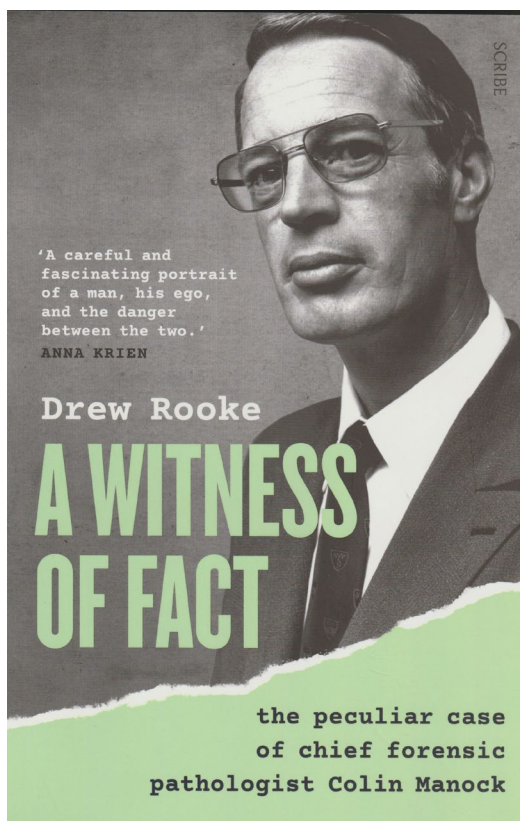
English-born Dr Manock was appointed to the position that, incredibly, he would occupy from 1968 to 1995 as a result of a recruitment process that was at best cursory. As was known at the time, and would later be revealed publicly, he had neither qualifications nor experience as a forensic pathologist but was lucky enough to apply at a time when the SA government was desperate to fill the role.

He got the position and migrated to Australia, leaving behind, permanently, his recently married wife, the latest in a string. He was 31 at the time. In 2018, as the author notes, Manock's partner, 'Mistress Gabrielle', was a dominatrix guilty of an assault charge. Her online presence included video tours of 'her fetish parlour in a secret location in the city.'

From an early age the doctor-to-be was fond of slicing up small creatures, progressing to larger ones – rabbits, goats – when his father taught him how to shoot. After gaining his medical degree he would obtain a firearms dealer's licence.

"He shot with precision, preferring a rifle over a shotgun, to ensure he inflicted the least damage on whatever creature was in the crosshairs."

He would not apply that principle to deceased humans.



Arriving at the SA Institute of Medical and Veterinary Science, now SA Pathology, he traded on the claim in his application that he had completed 1,400 autopsies, including 35 homicides. Later, he would up this to 1,845, and then between 2,200 and 2,300.

Not just a serial liar Manock was also addicted to short cuts (pardon the term) in his work, taking inadequate samples, failing to document his actions, and, as the trend developed, invariably taking the prosecution's side in order to obtain convictions, a number of which were later found on appeal to be false, or just the easy way out. For example, with child abuse cases.

Terrible examples were the deaths of three young children, each of whom had been suspected of experiencing parental

abuse, but deemed by Manock to have died of natural causes.

His extreme insensitivity came to the fore when he conducted the autopsy of an Aboriginal man in the open air, in full sight of community members.

Colleagues actually qualified to conduct forensic work began to have concerns, and then suspicions. One, Dr Derrick Pounder, said a forensic pathologist who is not trained in histopathology, which Manock wasn't, is "basically practising with one arm – and one eye".

Despite mutterings and then testimony about his mistakes and shortcuts (he claimed the smell of a deceased's breath was enough to indicate alcohol use) Manock, known for his arrogance, never admitted shortcomings, let alone error, and slid into retirement. Presumably a less than happy one as a result of this book, for which he declined to be interviewed, only issuing a warning for the author to 'use caution'.

As appalling as the man's actions and attitudes were, equal blame rests with the SA judicial system which stood by many of his findings despite expert evidence to the contrary, leaving a swag of deaths unsolved and a number of innocent people serving lengthy sentences.

The interface of medicine and the law is often messy but in the case of Dr Colin Manock, whose self-description inspired the book's title, the impacts, some of them ongoing, are downright ugly.

For those interested, Australian Crime Stories Series 4 Episode 5 covers the story 'Bodies of Evidence'.

<https://www.9now.com.au/australian-crime-stories/season-4/episode-5>



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- Jennifer, Graduate Medicine



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Clarence Valley welcomes Rural Generalist Trainees, Resident Medical Officers and Registrars

Australian College of Rural and Remote Medicine (ACRRM) registrar and UOW medical alumnus Dr Vanessa Hewitt, has accepted the position of paediatric registrar at Grafton Base Hospital for 2022. Vanessa has been working at Grafton GP Super Clinic and GBH Emergency Department for the past two years and is continuing her final year training in Grafton with the intention to settle in the region.

The Clarence Valley also welcomes ACRRM registrar Dr Myra Pritchett who is returning to Yamba, as she commences her 24 months of Core Generalist Training at Maclean District Hospital. After six years of commuting between Sydney, Lismore and other regions, Myra is looking forward to completing her rural generalist training in the Clarence Valley, fulfilling her plan to live and work in her home town.

Clarence Health Service, in partnership with Richmond Health Service, has recently been awarded Rural Junior Doctor Training and Innovation Funding (RJDTIF) from the Commonwealth, to support a Junior Medical Officer training position based at Maclean

District Hospital. Through this program, Maclean will now have a junior doctor with a commitment and passion for rural medicine, rotating from Lismore Base Hospital to work for 10 weeks with the local team.

Finally, a welcome to other new additions to the Grafton and Maclean emergency departments, Dr Jon Quinn and Dr Alex Lee, along with Dr Wesley Soh who will support the Grafton Base Hospital orthopaedic team.

GP registrars continue to show increased interest in coming to the North Coast for training, realising that the region can provide them with work life balance and fulfilling and diverse clinical and professional experiences. I personally find it gratifying to receive many text messages, emails or phone calls from former medical students to let me that know they have returned to the North Coast for GP training and a 'let's catch up', or to offer their time to support the training of the next generation of medical practitioners.

Joanne Chad, Program Coordinator

UOW Clarence Valley Regional Training Hub



Dr's Jon Quin, Vanessa Hewitt, MP Chris Gulaptis, Wesley Soh, Myra Pritchett and Alex Lee.

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