

GPSpeak

Journal of the Northern Rivers General Practice Network



Dog day afternoon

Scruffy battles pneumothorax

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Editor's View

by Dr David Guest

The Northern Rivers General Practice Network (NRGPN) has made enormous strides in 2013. Refocussing our energies on producing the electronic version of GPSpeak has enabled us to continue to fulfil the aims of our organisation. It has been an exciting challenge and we have only just begun.

This second edition of the revamped GPSpeak is available on Issuu, as well as a downloadable PDF from the link on the website. [Issuu](#) is a web application that makes it easy to read GPSpeak on your kindle, iPad, tablet, [iPhone](#), smart phone, computer, laptop or any combination thereof. We are also exploring other options for making our content readily available on your device and in your preferred reader.

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The Federal election has given us a new Liberal-National

government and we are pleased to see that the Federal Treasurer has heard the [many voices](#) on the proposed limiting of the tax deductibility of education expenses. This had been an issue of particular importance to [rural doctors](#). We also welcome the new Government's increased funding for the training of medical students in rural practice.

We congratulate Kevin Hogan on his election win and pay tribute, as did he



Editor's View... cont from p2

in his maiden speech, to his predecessors both Labor and Liberal. Few would dispute the departing member for Page, Janelle Saffin, worked tirelessly for her electorate and we wish her well in her future endeavours.

GPSpeak is interested in all things medical on the North Coast. In our recent briefing with [Kevin Hogan](#) we discussed a number of issues of importance to our members and Kevin has promised to keep us informed of Federal health matters as they pertain to our area. We, in turn, have promised to keep him informed on the issues that rankle with North Coast GPs. We are therefore delighted to welcome him as a contributor to GPSpeak with a semi-regular column, [Order in the House](#).

Fluoridation of the water supply has been a long running issue on the North Coast. The recent decisions by Lismore and Ballina Councils to proceed with fluoridation, won by narrow margins, should have put an end to this long running debate. However, the vote to fluoridate in Byron Bay was lost by 5-3. This will be the status quo in our area for the next few years since these public debates are exhausting for all parties. Hopefully one day, water fluoridation, a useful and safe public health initiative, will be as uncontentious as water chlorination.

I wish to thank all our major and minor sponsors. Thomas, Noble and Russell Accountants and Medfin Finance were early supporters and have helped us through our difficult neonatal period. Over the coming year with the help of North Coast Radiology and Sullivan Nicolaidis Pathology we will bring innovations in diagnostic medicine to the attention of our members. We thank the University of Wollongong for their support and look forward to working with them in training the next generation of rural doctors. Michael Herrmann's Southside Pharmacy has been a long supporter of GPSpeak and more recently North Coast Medicare Local's HealthSpeak. Better co-ordination between general practice, pharmacy and other participants in the primary care sector is also on the slate for next year. Without our sponsors generous support GPSpeak and the work of the NRGPN would not be possible.

Finally I wish all readers a happy and safe Christmas break. This year I took Brian Owler's [Slow Down pledge](#) but have to confess to lapses. I probably need the bumper sticker or perhaps these days it's the [mobile app](#).

See you on the web in 2014.

David Guest

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Lismore confirms 7-year old fluoride decision

Robin Osborne at the 'great debate' on the fluoridation of Lismore's water supply

"Sugar is the enemy," said Vanessa Ekins, leader of Lismore City Council's anti-fluoride group and proposer of a motion to overturn the 2006 decision to have Rous Water fluoridate Lismore's reticulated supply.



Protest signs were erected in the Council chamber by fluoride opponents.

But to her vocal supporters in the gallery at the 10 December meeting the real enemy was the bloc of six councillors who voted down Cr Ekins's motion, and then endorsed a follow-up by Cr Neil Marks to advise NSW Health of Council's wish to fluoridate.

Following the two 6/5 decisions, the gallery erupted with catcalls and cries of a travesty of democracy and the community being exposed to mass poisoning. One man, emulating the well-known Arab symbol of protest, tossed a shoe at the councillors.

Unlike George W. Bush, who had faced similar disrespect, Mayor Jenny Dowell, a fluoride supporter, was not amused. Nor was she next morning when interviewed by ABC, saying that opponents in the gallery had behaved poorly and shown scant respect for the community's elected representatives.

The public access session heard a summary of the pro-fluoride case from local dentist Brendan White, a long-standing advocate on the subject of children's oral health – "Dental problems are the biggest paediatric cause of

hospital admissions," he said.

Anti-fluoride pleas came from former mayor Ros Irwin who voted against fluoride in the past and continues to hold reservations about its safety and value as an oral health strategy.

Merilyn Haines from Queenslanders for Safe Water, Air & Food again spoke darkly of alleged health risks, including kidney disease and dental fluorosis. Urging a referendum, she said, "Councillors do not have a community mandate", adding that if Council approved fluoridation and handed the matter to NSW Health it would be "putting a noose around the neck and then Health will pull the lever."

In suggesting how the enemy, sugar, might be combatted, Cr Ekins advocated for more education programs, pre and post-natal, and a TV ad campaign in prime time. This harked back to an earlier debate when she suggested Coke commercials might be devalued by an ad showing bikini clad girls, like those in soft drink ads, dancing around with carrots.

Half-way through the debate it became clear that the status quo would likely be the outcome: Cr Glenys Ritchie, often considered a fence-sitter on the issue, declared, "I am a pro-fluoride councillor," adding that despite "millions of emails, YouTube and so on... I don't think the opponents are an overwhelming lobby group from this LGA."

From that point, you could put down your glasses, the race was over.

However, Cr Ritchie felt that an "opt-out" mechanism for households not wishing to consume fluori-

cont p5

Lismore's Fluoride Decision... cont from p4

date water should be looked at, perhaps even an extension of Rous Water's current water tank subsidy (which is aimed only at storing non-potable water).

A week ago the Council had convened in a workshop to receive detailed briefings on the issue from both advocates and opponents of water fluoridation. In the interim they were inundated with lobbying material for and (mostly) against a measure that public health experts insist is both

an economic and equitable way of helping protect the population's oral health from an early age.

See **Fact sheet**

Although 96 per cent of NSW has access to fluoridated water, the decision of whether to fluoridate rests with local, not state government. In recent



Cr Glenys Ritchie revealed herself as a "pro fluoride councilor" and was key to the 6/5 vote in favour of fluoridating. Also pictured (-r) Cr Battista, Cr Houston and Cr Meineke.

cont p7



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The eyes (mostly) have it



Nurse Unit Manager Leanne Seiffert shaking hands with Lismore MP Thomas George. Also pictured, LBH general manager Lynne Weir and NSW LHD chair Dr Brian Pezzutti.

Lismore Base Hospital (LBH) has boosted its day surgery capacity, opening an expanded Operating Theatre and First Stage Recovery on 9 December.

Doing the official honours was the Member for Lismore, Thomas George, who welcomed the “good news for the Northern Rivers community,” saying the expansion would enable LBH to cater for more

Day Surgery patients and thus help reduce waiting times.

Northern NSW Local Health District CEO Chris Crawford said the upgrade facilitated the return of Ophthalmology services to LBH, “so allowing local residents to have their eye surgery at their local Public Hospital.”

The construction of the new Endoscopy Unit at the rear of the Medical Imaging Department of the Hospital presented an opportunity for expanding the Recovery area with extra floor space to provide more beds.

This expansion has enabled the Operating Theatre Day Surgery area to increase from six beds to a 10-bed area, while the Recovery area now has 13 new Recovery Chairs and a new Staff Station.

The Day Surgery Operating Theatre area was constructed as an extension of the existing Operating Theatre floor, which is located over the Medical Imaging Department on the floor below.

The new Recovery area will be shared with the new Endoscopy Unit that is under construction in an adjoining area.

Lismore’s fluoride decision... cont from p5

weeks, Byron Shire has reaffirmed its decision not to fluoridate, Ballina will go ahead, and Casino is already fluoridated, with a further roll-out to Richmond Valley under way.

Lismore’s long-ago decision to fluoridate was delayed by legal action, in which Council finally triumphed, the delay due to organising the briefing workshop, and in a final roll of the dice, the need to debate Cr Ekins’s rescission motion.

In her ABC interview, Mayor Dowell was asked whether Council might consider extending fluoridation to the Nimbin community, whose water supply is managed by Lismore City, not by Rous.

She felt that councillors were exhausted by the process, and were unlikely to have “any appetite” to visit the Nimbin issue in a hurry.

Unfluoridated Nimbin may, however, have lessons to teach in the future, as the oral health of residents could be compared to that of their counterparts in the fluoridated areas of the Lismore LGA.

Voting For fluoridation were Crs Meineke, Ritchie, Battista, Marks, Scheibel and Dowell; Against – Crs Houston, Clough, Smith, Bennett and Ekins.

The timetable for Lismore’s water fluoridation, and a chronology of the issue, is on [Council’s website](#).



Simulating the world of medicine

New clinical training facilities opened at the [University Centre for Rural Health \(UCRH\)](#) in Lismore recently will enable more medical students to train locally.



Officially opened by then-MP for Page, Janelle Saffin, the Nyumbalighu Simulation Centre received \$2.46 million in funding from the Australian Government, through Health Workforce Australia (HWA).

Bundjalung Elder Mick Roberts provided a Welcome to Country at the opening of UCRH's Nyumbalighu Simulation Centre in Lismore, watched by Dr Brian Pezzutti, board chair of the Northern NSW Local Health District.

The simulated learning environment will allow more students to have clinical training places in medicine in the Northern Rivers region. It is estimated that about 600 students will use the facility in the coming year.

The Nyumbalighu Simulation Centre ideally located for clinical training, directly opposite Lismore Base Hospital, which is one of the benefits of the close liaison

between UCRH and Northern NSW Local Health District.

Nyumbalighu (Nyoom-balee-gu) is a Bundjalung word meaning 'learning' and the name reinforces the importance of this centre as part of our local area. The facility will advance health care education in this region by training the next generation of health professionals and helping deliver improved health care outcomes for all.



Speech therapist Nicole Wilcox, anaesthetist Dr Steven Koh, and UCRH Director, Professor Lesley Barclay, inspecting some of Nyumbalighu's simulation equipment.

St Vincent's expands endoscopy and short stay

The new \$800,000 Endoscopy Unit and Short Stay Unit at St Vincent's Private Hospital were officially opened November 20 2013, commencing with a blessing by the Catholic Bishop of Lismore, Most Reverend Geoffrey Jarrett DD.

Acting CEO Tim Allsopp said that the purpose endoscopy unit provides the latest in equipment and facilities, with the new monitors and scopes making it easier for specialists to diagnose and providing increased manoeuvrability to navigate the bowel.



Some of the benefits of the new Unit include the new cleaning machines which are faster and less chemically toxic; using advanced techniques resulting in less pain; and new monitors which provide a high definition picture for easier detection of diseases at an earlier stage.

Nurse Jane Lacson in the new endoscopy unit

The ongoing St Vincent's renovation project also includes a new Short Stay Unit, which offers greater privacy for patients and their families pre-operatively.

"Our new recovery area provides room for relatives to be with the patient after their procedure," Mr Allsopp said.

"Also, each bay has a comfortable recliner, visitor chair, individual lighting and TV control, all at the patient's fingertips."

Both Units enable the Hospital to streamline procedures, creating a better and more comfortable clinical service to St Vincent's patients.

"For example, having a purpose built Endoscopy Unit means shorter waiting times and overall shorter stay for patients and the Short Stay Unit provides faster pre-operative preparation due to the extra admitting rooms.

The Bishop of Lismore, Geoffrey Jarrett, blessing the new endoscopy unit at St Vincents Private Hospital.

"The new Units are an essential part of St Vincent's plan of continuing to provide a full range of much needed specialist medical services to the North Coast community," Tim Allsopp added.



Tension pneumothorax can cause dogged drama

by Andrew Binns

Walking one’s dog is a true pleasure, the exercise being as good for the health of the owner as for the dog itself. However, our suburbs can harbour hazards, not least the dogs of others, particularly when unleashed and of an aggressive breed or disposition.

On a recent morning walk my little dog Scruffy, a timid and harmless chap, was attacked unexpectedly by a large dog. He was picked up around the chest wall and shaken in what seemed to be a split second. Whilst I was able to separate them without, mercifully, sustaining injury to myself, Scruffy unfortunately received a serious chest injury.

As it was clear he was only using one lung to breathe and was in obvious pain I carried him home and rushed him to the local vet, Richard Creed of Lismore Veterinary Clinic. Richard’s assessment of the situation included an xray which showed two fractured ribs and a right collapsed lung.

There was no break on the skin, so clearly the lung had been punctured by a broken rib and there was some mediastinal shift to the left and right chest wall subcutaneous emphysema (air in the tissues of the chest wall). Scruffy was cyanotic and very unwell. This all added up to a tension pneumothorax.



He was given nasal oxygen, a drip inserted, and a dose of methadone for the pain, followed by the lifesaving task of releasing the air under pressure in the lung cavity. This was done with the insertion of a needle and catheter through the chest wall connected to a syringe with three way tap, and the air under pressure in the

pleural cavity let out.

The breathing and his overall condition seemed to instantly improve and he was bound up with tape around the chest wall.

Scruffy picked up well after a few days and came home on antibiotics and a fentanyl patch. He has made an excellent recovery.

While tension pneumothorax is not common in animals or humans following trauma, the life threatening and



dramatic course of this injury is certainly worth reflecting – and when necessary, acting - upon.

In 1995 an orthopaedic surgeon, Professor Angus Wallace, with whom I had worked in the UK in the late 70s, was on a British Airways flight from Hong Kong to London. A call went out before takeoff asking if there was a doctor on board, and he and another doctor attended a lady who’d had a minor motorcycle accident on the way to the airport. Initially it was thought that the injury was a minor fracture of her upper arm with bruising, and a splint was consequently made.

However, 90 minutes later, as the plane was flying at 30,000’ above northern India, the lady bent over to remove her shoes and immediately developed severe left-sided chest pain and breathlessness. Dr Wallace was again called, this time noting that the windpipe felt in the neck had moved to one side, indicating she had a potentially lethal pneumothorax.

“I knew I needed to put in a proper chest drain—the correct treatment for a tension

cont p11

Tension pneumothorax... cont from p10

pneumothorax—but there was only basic equipment in the aircraft’s medical kit, including a scalpel and a 14-gauge urinary catheter,” he recalled.

“I created a chest drain by using a coat hanger, as suggested by one of the cabin crew, which I made into a trocar for the catheter. I also used a bottle of Evian water, with two holes punched in the cap for an underwater seal drain, oxygen tubing to attach the catheter to the drain, and Sellotape to seal the catheter to the drain.

“Xylocard (100 mg of lignocaine in 10 ml) was the local anaesthetic provided in the emergency kit, and to disinfect my equipment I used a bottle of 5-star brandy offered by the cabin crew, who then set up an operating theatre on the back row of the plane, out of the way of passengers.

“I inserted the chest drain, a procedure obviously painful for the patient, although she seemed better within about five minutes and went on to make a good recovery.” (1).

Not surprisingly, Dr Wallace said he needed some of the leftover brandy after the operation. Later, he became world famous for this case, as well as for many other reasons.

The more that doctors travel, the greater the likelihood of coming across somebody needing urgent medical care. Fortunately the medical defence organisations now provide indemnity insurance cover for this community service and apart from being careful to stay within the boundaries of one’s clinical skills and competence there is no reason not to intervene. Good Samaritan inter-

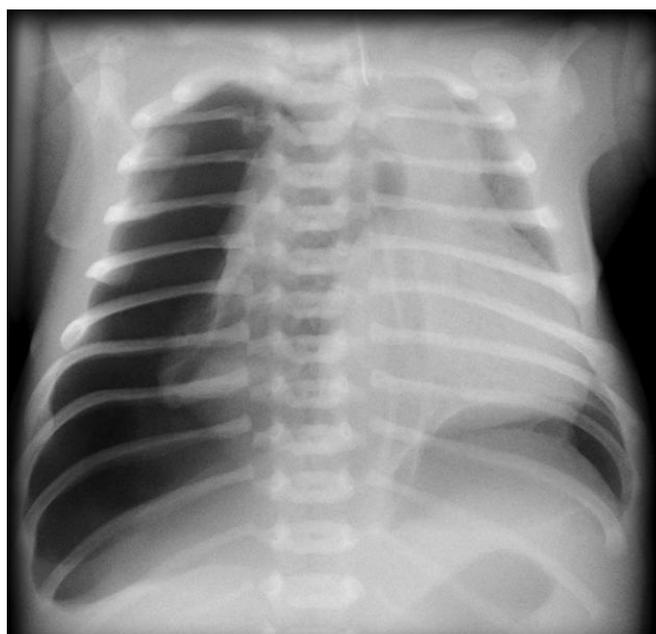


Professor Wallace is from the Division of Orthopaedic & Accident Surgery, University of Nottingham, Nottingham University Hospitals. He is a highly respected surgeon, educator and inventor of successful orthopaedic procedures and devices.

vention can save lives, as in this case, and in any event will no doubt always be appreciated by people in need.

Dr Andrew Binns is a Lismore GP

(1) BMJ Careers, Good Samaritan experiences, 21st Dec 2012.



View [Radiology example of tension pneumothorax.](#)
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Want to tell us your Good Samaritan experiences?

**Contact our editor Robin Osborne at
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Pressure garment aid improves leg ulcer compliance

GPSpeak's Robin Osborne visits Southside Pharmacy to see the product revolutionising the way venous leg ulcer patients can self-manage their compression therapy.

It looks less like a medical device that a fertility carving in an Indian temple, a shape that, as Southside Pharmacy's wound care nurse Karen Tregidgo says with a chuckle, seldom fails to attract comments from clients, however prim they might be.

Moreover, its name, 'Doff N' Donner', conjures images of Santa's reindeer, perhaps timely as we approach Christmas, but hardly descriptive of the function that it uniquely performs.

Yet this extraordinary product, only introduced to the Northern Rivers in recent weeks, is already creating a major change in the way venous leg ulcer sufferers can put on ('don') and take off ('doff') their all-important compression socks and stockings.

Approved for use by both caregivers and individual patients, including those with limited dexterity or strength, the D N' D (let's call it) began life as an aid for vascular surgeons seeking an effective, pain-free way of applying wound compression post-operatively.

"Despite its potential for the general consumer market, which is huge and not just amongst older people, it remained within the medical profession until fairly recently," Karen Tregidgo said.

"In our case it was a client who brought it to our attention, having found it on the internet when he was looking for more help with managing his leg ulcers."

While there are other garment applicator aids to help people stretch and fit their compression stockings, they



Southside Pharmacy wound care nurse, Karen Tregidgo, with new product 'Doff N' Donner'.

are made of rigid materials that can harm fragile skin. In addition, they require some strength to work the compression garments over their shape.

This has limited patients' ability to self-manage leg ulcers, so increasing the demand for community nursing, GP visits or even hospital presentations.

The difficulty of self-fitting and removing compression garments also impacts on compliance rates, with nurses knowing of patients who were unable, or simply could not be bothered, to comply with the ongoing need for lower limb compression.

The D N' D, on the other hand, is simplicity itself, utilising the donning cone – as it is more tactfully called – to roll a stocking around a fully-sealed (two-year guaranteed) water filled sleeve, which is then rolled easily and painlessly over the leg, leaving the unwrinkled stocking in place.

Taking a pressure stocking off is just as easy, and painless.

"This neat device, seemingly the result of a 'new inventors' show, allows the compression garment to roll over bandages, freshly lotioned/wet limbs, and scar management pads," Karen explained.

Karen believes "this is the most amazing piece of equipment I have ever seen." Her view matches that of the local client who had spotted the D N' D online and brought it to her team's attention.

The price is another pleasant surprise – at \$125.00 for the kit, the D N' D represents

cont p13

Pressure garment aid... cont from p12

excellent value, given the ongoing costs of compression therapy for managing lower leg ulceration.

A study by the peak-body Australian Wound Management Association showed that one per cent of Australians over the age of 60 years has a venous leg ulcer requiring treatment, with the majority of them having to self-fund the costs of their care.

Any financial benefits are appreciated by clients, and it has been shown that the D N' D extends the life of compression garments.

"Something that genuinely helps improve leg ulcer management is welcome," Karen said, "and there's no doubt that the Doff N' Donner is a quantum leap forward."

The feedback has been positive from everyone using it, not least from the many elderly clients who report that the two-part system is surprisingly easy to handle.

"We've trained more than 50 community nurses in its use in the past week," Karen said, "there's no doubt that the uptake is enthusiastic. Rarely does such an immediately successful product come on the market. It is especially gratifying that it can help people manage a condition that is unpleasant in the acute phase, and challenging over the longer term."

"The beauty lies in its simplicity, and I take my hat off to the person who designed it. It's a fabulous idea that will change the daily lives of so many leg ulcer clients, and greatly assist their carers and clinicians."

Located at 13 Casino Street, South Lismore, Southside Health & Hire Centre (southsidehealthandhire.com.au), in association with Southside Pharmacy, is a long-standing sponsor of GPSpeak.

Southside Health & Hire Centre is the Northern Rivers's major supplier of surgical and fitness needs, as well as the region's largest stockist of medical compression garments.

Nurses are on duty from 8.30 am – 5.00 pm Mon-Fri, and 8.30 am – 12.00 pm Sat. Tel (02) 6621 4440, fax (02) 6621 4447. [View video](#)

Cannabis impacts studied

A local study is being conducted on the health impacts associated with long-term cannabis use. Led by clinical researcher Dr Jennifer Johnston from The University of Sydney, the study is supported by Northern NSW Local Health District, with funding from the Mental Health Drug and Alcohol Office, NSW Health.

"The aim of the study is to examine the physical and mental health, and cognitive functioning outcomes associated with long-term cannabis use, compared to matched non-cannabis using controls," Dr Johnston explained.

In December, having already conducted interviews and tests with long-term cannabis smokers, Dr Johnston issued an invitation for tobacco smokers to join the project as a control group.

They should be aged 40 years or older and have been smoking at least four times a week for at least 10 years.

"Their health status will be compared to that of a group of regular cannabis users. We would prefer volunteers who have never used cannabis, although someone who has used cannabis up to five times in their life would be eligible," Dr Johnston said.

The tobacco smokers would also answer a questionnaire and undergo a confidential, non-invasive screening that involves a blood test, urine sample and lung function test.

The research is Lismore based, and takes less than two hours. The results of the clinical investigations will be available to the participants. They will be offered reimbursement for their time and travel costs.

Patients who may be interested in the study could contact Dr Jennifer Johnston on 1800 115 763. All calls will be treated in confidence.

The initial results of the research project will be presented at an open seminar at the University Centre for Rural Health North Coast in early 2014.

Australia not so “lucky” on mental health – new report

In many ways Australia may be “the lucky country” but the picture is bleaker when the nation’s mental health is taken into account.

This message formed the basis of the 27 November launch of *A Contributing Life: The 2013 National Report Card* on Mental Health and Suicide Prevention by the Chair of the National Mental Health Commission, Professor Allan Fels.

The Report Card highlighted the need to increase investment in early intervention across a range of areas and in people’s lives, concern about people who live with difficulty.



Professor Alan Fels

Cited statistics show that only 25 per cent of young people and boys and young men receive treatment of any kind. Meanwhile, 44 per cent of Australians, on average, take their own lives each week and Torres Strait Islanders are twice as likely to die by suicide than non-Indigenous people.

and recorded the criminalising of people with a mental health problem. Statistics show that only 25 per cent of young people and boys and young men receive treatment of any kind. Meanwhile, 44 per cent of Australians, on average, take their own lives each week and Torres Strait Islanders are twice as likely to die by suicide than non-Indigenous people.

Prof Fels called for more “political courage in reforming mental health and providing better outcomes for the 45 per cent of Australians who will experience a mental health problem in their lifetime.”

He felt it “scandalous that only seven per cent of the 340,000 people who have co-existing mental illness and substance use disorders each year are estimated to receive treatment for both problems.”

Prof Fels said the lives of these Australians are being cut short by an average of 20-30 years; they are more likely to take their own lives; and they are more likely to be in prison or homeless.

In 2012, some 38 per cent of all people entering Australian prisons reported being told they have a mental illness, with 87 per cent of young people in the juvenile justice system in NSW being found to have at least one psychological disorder.

“Compared to other prison entrants, people with poor mental health have more extensive and early imprisonment histories, poorer school attainment, higher unemployment rates and higher

cont p17

Local physician specialises in pain management

Specialist Pain Medicine Physician Dr Timothy Grice has commenced an anaesthesia and pain medicine practice on the Gold Coast and Northern NSW.

Tim became a fellow of the Australian and New Zealand College of Anaesthetists after completing a Fellowship year at the Gold Coast Hospital in 2008. He went on to undertake a Pain Medicine Fellowship at the Royal Brisbane and Women’s Hospital.

Tim has strong ties with Rehabilitation Physicians and Psychiatrists, and works as part of a multidisciplinary pain team. He is very interested in a close liaison with Specialists and Primary Care providers to ensure the needs of people with complex pain issues are met effectively.

Tim will be consulting at Pacific Private on the Gold Coast and Tweed Day Surgery in Northern NSW. Special Interests include back and neck pain, headaches, shoulder pain, spinal cord stimulation and peripheral nerve stimulation

Dr Tim Grice MB CHB, FANZCA, FFPMANZCA, Dip Musculoskeletal Medicine, Dip Child Health



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Page MP briefed on local GP issues

Despite a decisive win in the September 7 federal election, and an extensive knowledge of the Page electorate, new Nationals' MP Kevin Hogan concedes he is on a learning curve, and for that reason he welcomed a briefing from the NRGPN's Dr David Guest (Board Chair), and Dr Andrew Binns (GPSpeak clinical editor) in late November.

Uppermost in the discussion were issues affecting local GPs, including the cumbersome 'red tape' that can impede practices better serving their rising number of patients, especially after hours.

The GPs said they were impressed by the MP's interest in local health-care issues, and looked forward to maintaining an ongoing liaison with him.

Mr Hogan's maiden speech in Parliament on 20 November 2013 covered a wide range of Page electorate issues. These included confirming the election promise of \$4.5 million for the stage 1 upgrade of Ballina hospital, and almost half a million dollars to provide CCTV in Casino to make the streets safer.

Mr Hogan spoke generously of his predecessor MPs from both the Nationals and Labor – Ian Robinson, Harry Woods, Ian Causley and Janelle Saffin: "They have all been good advocates for our community, and I plan to continue in that tradition."

He promised to always speak for what he believed to be "in the interests of the Page community... and our great nation of Australia."

** GPSpeak wishes Kevin Hogan every success as the new Member for Page, as it does for the returning MP for the federal seat of Richmond, Justine Elliott.*



The newly elected Federal Member for Page, Kevin Hogan, with GPSpeak's Dr Andrew Binns and Dr David Guest.

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New calendar for a New Year

The local charity Our Kids has launched its 2014 calendar featuring photographs of children who have spent time in

The calendar-CD is on sale for \$20.00 at Westpac Bank (Lismore,



the Lismore Base Hospital (LBH) Children's Ward or Special Care Nursery.

As in past years, the children were photographed superbly by local photographer, Jacklyn Wagner, formerly with the Northern Star. It comes with a Christmas CD featuring local school choir students singing ten Christmas Carols. The songs were recorded at Southern Cross University, using the talent of Brendan Waters.

The CD cover was designed by Dougal Binns and the calendar by Soren Hjorth both from Lismore's Graphiti Design, and the print job was handled by Shaun McGuinness from Lismore City Printery.

In accordance with what is now a tradition, one set of the calendar images were individually framed and will go on display at LBH.

Our Kids raises funds to support LBH paediatrics as well as assisting families that have children with special needs.

Local sponsors book a one month sponsorship for this worthwhile community project. This covers the full cost of the production, allowing all funds raised to go directly to Our Kids.

Casino and Ballina), Lismore Base Hospital, Budget Eyewear, East Ballina Foodstore, Kyogle Dentists, Lennox Head Pharmacy, MacDonald's Pharmacy, Lismore Foodworks, Scotts@Molesworth, Angus and Coote and the Book Warehouse.

Our Kids Fundraising Coordinator, Rebekka Battista, paid tribute to the following sponsors - Southern Cross University, Westpac Bank, Richmond Waste, North Coast Radiology, Goonellabah Medical Centre, Ausbroker NCFs, McDonalds, Sullivan & Nicolaidis Pathology, Telstra Countrywide, Budget Eyewear, Southside Truck Centre, WCA Chartered Accountants, Graphiti-Design and Lismore Printery. Media support came from The Northern Star, Northern Rivers Echo, NBN Television and ABC North Coast.

\$334,596 grant to combat tobacco harm



One of the largest grants gained by a local researcher in recent years has been awarded to **Dr Megan Passey** under the prestigious Research Fellowships program of the National Health and Medical Research Council (NHMRC).

Dr Passey, based at the University Centre for Rural Health (UCRH) in Lismore, has been awarded a four-year, \$334,596 grant to help reduce tobacco consumption during pregnancy, infancy and early childhood by people in groups with high smoking rates.

In addition, the project, 'Reducing Tobacco Harm Among Vulnerable Population Groups', will add to the body of evidence in an existing program aimed at helping pregnant Indigenous women to quit smoking.

According to Dr Passey, the program has Australia-wide relevance because smoking rates amongst pregnant women in certain population groups, including Indigenous people, continue to be of significant concern nationally.

Smoking during pregnancy, and exposing newborns to tobacco smoke, pose serious health risks to vulnerable young children. It also tends to normalise smoking within the home environment, making it more likely that children will take up smoking as they enter their teens.

"The period for the grant funding is 2014-2017 and the aims include developing tools and evidence to better support the implementation of smoking cessation guidelines in public antenatal services," Dr Passey said.

"Another key aspect of the project will be exploring people's understanding of the harmful implications of passive smoking in the home setting, and how

cont p18

Mental Health... cont from p14

rates of substance abuse. Incarceration and their treatment in prison often makes their mental illness worse and rarely treats their illness appropriately.

"The warehousing of people with mental health and drug and alcohol problems is inhumane and makes no economic sense," Prof Fels said.

"Each person with a mental health problem or a cognitive impairment who comes into frequent contact with the justice system costs taxpayers \$1 million each year.

"There is a growing divide between those of us who are empowered to live a contributing life – and those of us who are disempowered by issues like unemployment, homelessness, social exclusion as well as a lack of the right support."

Prof. Fels regretted that, "We still have no public reporting on the number of people who are discharged from hospitals, custodial care, mental health or drug and alcohol related services into homelessness, even though this issue has been named as a national commitment since 2008.

On a positive note, the Commission welcomed the release of the first ever national data on seclusion by states and territories as a key step in achieving real reductions in this practice.

It was also pleased that psychosocial disability has been included in the NDIS, and applauded the work that the non-government and business sectors, and first responders such as Police, have taken to address issues the Commission had raised previously.

Tobacco research... *cont from p17*

best to develop and implement strategies to protect children from the known risks of secondhand tobacco smoke.”

UCRH Director Professor Lesley Barclay said the NHMRC grant was further recognition of the important work being done by local research staff.

“The national significance of Dr Passey’s research is profound at both the family and community levels, and in terms of the national health budget. Smoking is the single most preventable cause of major illness and death, and we need to do everything possible to reduce tobacco consumption by mothers and to protect their young children from exposure to the toxic chemicals in tobacco smoke.”

“The other benefit is that reducing smoking by mothers will help to de-normalise cigarettes and reduce the likelihood of young people taking up smoking later on,” Professor Barclay said. “This is especially important amongst Aboriginal and Torres Strait Islander mothers whose smoking rates are still high, as are those for Indigenous adolescents and young adults.”

The University Centre for Rural Health located opposite Lismore Base Hospital and in Grafton and Murwillumbah, is a collaboration between The University of Sydney, University of Western Sydney, University of Wollongong and Southern Cross University, supported by the Commonwealth Department of Health and Ageing and the Northern NSW Local Health District.

The UCRH coordinates rural experience in programs for medical, nursing, postgraduate public health, and allied health undergraduate students. It also supervises postgraduate research students and provides continuing professional education for local clinicians.

Letter to the Editor

Congratulations to those Lismore Councillors who committed to fluoridating the city’s water in the Rous catchment. It was not easy to face the persistent, co-ordinated and aggressive opposition mounted by a well-organized – not broadly representative - lobby of protesters.

The ‘anti’ campaign seems to have had a significant source of financial back up for advertising to tout their case, something that the public system, with frontline healthcare priorities, is not able to fund.

The Councillors have supported a public health initiative that will help protect teeth of the broader community, whatever people’s education, income, education or ability. It is sad (and infuriating) that this issue has taken such time and resources to resolve.

Lismore and Ballina will henceforth get a boost in preventing oral health problems, placing them on a status with populations such as Kyogle, Richmond Valley, Sydney, Melbourne, Adelaide, Darwin, Hobart, many regional towns as well as most of rural NSW.

It may even help in redressing the ongoing urban-rural divide in health outcomes. What better Christmas gift by our local government than supporting good health for the local community.

Julie Hornibrook
Lismore

**Letters to the Editor
are welcome!!**

editor@nrgpn.org.au

University of Wollongong Medical Students Graduate



Medical Student Graduation Ball- University of Wollongong -Ballina /Byron Hub 2012/2013 Graduating Medical Students (Left to Right)

- Libby Kelly* *University of Wollongong Placement Facilitator*
- Benjamin Hill* *Bullinah Aboriginal Health Service*
- Jamie Tape* *Prema House Family Medical Centre*
- Naomi Piyaratna* *Lennox Head Medical Centre*
- Hannah Walker* *Holdsworth House Medical Practice*
- Hailey Lawry* *Bangalow Medical Centre*
- Dr Jane Barker* *Regional Academic Leader*
- Caydee Pollock* *Goonellabah Medical Centre*
- Luke Dan* *North Coast Medical Centre (absent)*
- Sayeem Chowdhury* *Holdsworth House Medical Practice (absent)*

One of the great rewards of being a GP preceptor for UOW students is seeing them through to becoming graduate doctors.

During their full university year in a general practice they become part of the family and are so well received by patients and staff.

In addition to the educational experience the GPs also get a lot out of the experience. Learning works both ways.

The feedback we get from all concerned including the students themselves is encouraging. It is a very successful program and congratulations to all the graduates.

In addition credit must also go to the academic staff at UCRH and also to the great administrative team that looks after the students and the GP practices involved so well.

Dr Andrew Binns
Goonellabah Medical Centre.



Anti-vaccination network gets the needle

Once known as the Vaccination Awareness Network, a name that at least hinted at its opposition to immunisation, the re-badged (in 1996) Australian Vaccination Network (AVN) will again need a new title, following the upholding of a NSW Fair Trading ruling by the Administrative Decisions Tribunal.

The tribunal was adjudicating on the AVN's challenge to a directive that it publish advice on its website and Facebook page about Fair Trading's direction that the misleading name be changed.

The current name has been criticised for implying a degree of balance on the vaccination issue, a façade that AVN has on occasions – for example, in media interviews - sought to maintain.

Significant complaints have come from various mainstream bodies, including the AMA, as well as individuals.

One local resident, Ken McLeod, was so incensed by the group's advocacy of alternative medicine to prevent the spread of infectious diseases that he took the matter to the Health Care Complaints Commission.

In July 2012, the HCCC ruled that, "the Australian Vaccination Network's purpose is to provide information against vaccination in order to balance what it believes is the substantial amount of pro-vaccination information available elsewhere; the information should not be read as medical advice; and, the decision about whether or not to vaccinate should be made in consultation with a health care provider."

Three months later it was stripped of its right to fundraise as a charity. Then in December came the Fair Trading ruling, which AVN appealed.

The upheld ruling focuses not on the group's right to promote anti-vaccination views, but the name under which it can do so. Now, it must choose a title that more directly reflects its anti-vaccination stance, the tribunal said.

The NSW Minister for Fair Trading, Anthony Roberts, said Fair Trading had acted in the public interest by requesting the name change, based on claims the name is unacceptable under the Associations Incorporation Act 2009.

"The time has come for AVN to find a name which reflects its anti-vaccination stance," the Minister said.

"This is about being open and upfront about what you stand for, not hiding behind a name which could mislead the community about a very significant public health issue."

The AVN called the Nov 25, 2013 decision "an assault on health freedom in NSW." It has 28 days to lodge an appeal.



Smoking down, obesity expands alarmingly

by Dr Andrew Binns

Two new 'Healthy Communities' reports on overweight and obesity rates, and smoking rates, were released in November 2013 by the National Health Performance Authority. They can be accessed on the [My Healthy Communities](#) website.

The percentages of obese or overweight Australian adults ranged from 49% to 79% in 2011-12. The percentages on the North Coast were 58%. In 1989, 44% of adults across all of Australia were overweight or obese; by 2011-12 this had risen to 63% in 2011-12.

The highest rate of adult smokers was in the Grampians (Vic) where 28% of smokers smoked daily, compared to 6% in Sydney's North Shore and Beaches. North Coast smoking rates were 14%. Latest national data shows 16% of Australians now smoke, compared with 37% in 1977.

After excluding adults who were overweight the percentage of adults found to be obese was as high as 41% in one local area (Loddon-Mallee-Murray). The North Coast rate was 29%. The North Shore Sydney rate was 14%.

The rate of obese or overweight adults varied from 49% in Eastern Sydney to 79% in Western NSW.

Looking at these national figures it is clear that geographical remoteness and lower socioeconomic status are factors which influence rates for smoking, overweight and obesity. The social determinants of health, such as level of education, housing, transport and employment, become more significant amongst the most disadvantaged in our community.

Whilst it is pleasing that smoking rates are coming down, it is alarming to see overweight and obesity

rates have been increasing significantly since the '80s.

Studies have shown these two trends are not related at the population level, even though we know people who cease smoking may put on weight.

In response to these reports AML Alliance Chair Dr Arn Sprogis focused on the difference between metropolitan and rural and remote regions and advocated for more government funding to address these inequalities.

"It's clear from these reports that the rural



and regional areas of Australia are struggling with higher rates of overweight people, obesity and rates of smoking amongst adults," Dr Arn Sprogis said.

"Governments need to provide equal resources and funding to realise the investment that's needed in rural and regional Australia in terms of health services, program and health prevention strategies, if inroads are to be made in improving these figures."

Clearly new and better ways of managing and promoting health are needed, particularly

cont p22

Smoking and obesity

cont from page 21

in rural and remote areas.

One strategy about to be trialed in general practices on the NSW North Coast is the concept of group consultations where patients in groups of 12-15 come together. Not only are the day to day medical needs addressed but opportunities for preventative health strategies can be discussed with a team of health professionals.

A grant has been awarded by the RACGP Foundation to conduct a qualitative assessment of group consultations in four North Coast medical centres during late 2013-14. The cohort will be patients with pre diabetes or diabetes.

The principal investigator is Dr John Dixon, Baker IDI Heart and Diabetes Institute. Having seen this concept work well in the USA, Garry Egger, Professor of Lifestyle Medicine, Southern Cross University has been instrumental in bringing it to Australia. He recently invited Dr Ed Noffsinger, the American founder, to the North Coast to talk with local health professionals. The need to adapt it to our Australian health system, including with support from the Medicare system, has been highlighted.

Andrew Binns is a Lismore based GP and clinical editor of GPSpeak



No pain is a major gain

Anaesthetist **Tim Scholz** hosted a well attended public seminar at St Vincent's Private Hospital in Lismore in mid-November, focusing on people living with chronic back or neck pain and looking for relief.



As St Vincent's Acting CEO Tim Allsopp explained, around one-in-5 Northern Rivers residents report experiencing chronic pain, with more than half saying it significantly influences their lives.

"It's great that St Vincent's can offer the services of Dr Scholz who is an expert in pain management procedures," Mr Allsopp said.

"He performs a ground breaking procedure that significantly reduces the level of pain people experience."

The first stage of the procedure involves an initial xray-guided injection of local anaesthetic and steroid into the specific joint. This provides an accurate diagnostic test of the source of pain and additionally, provides therapeutic pain relief in the short term.

The second stage is a longer lasting solution to pain relief. If the patient receives pain relief from the initial procedure, they then undergo radiofrequency ablation of the nerves, typically about a month after the diagnostic injection.

Radiofrequency ablation of the nerves is using radio waves to stop the nerve from transmitting pain signals from the injured joint to the brain.

"This is cutting edge in pain management and we are very excited to have Dr Scholz as part of our great team of specialists at St Vincent's," said Mr Allsopp.

It has been found that this procedure produces significant pain relief lasting 6 months to 2 years (typically one year) in 70% to 80% of cases

"St Vincent's is continuing to move forward in clinical care. Our specialists offer excellent medical services and Dr Scholz is an example of this level of expertise," Mr Allsopp added.

Order in the House

Comment from the Federal MP for Page, Kevin Hogan.

With our growing population, and in particular our ageing population, health services across the Northern Rivers will be placed under increasing pressure in the future – something I am sure anyone reading this publication is well aware.

We have some wonderful services, but there are other areas, which despite the best efforts of our dedicated medical and health professionals, are below what you would expect from a quality health service.



Lynne Weir, Executive Director of the Richmond Clarence Health Service Group, and Ellen Palmer, Executive Officer/Director of Nursing, Casino and District War Memorial Hospital, with Kevin Hogan MP.

I see no reason why we should expect anything less than the best quality service just because we are a regional area.

This is the reason I promised during the election campaign to spend \$4.5 million upgrading Ballina Hospital, including an extra operating theatre to reduce bottlenecks and an expanded medical imaging department.

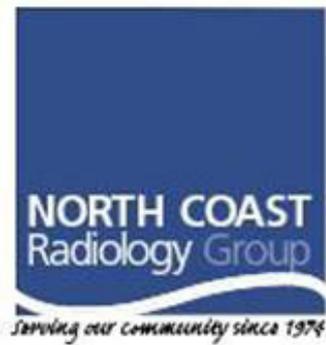
Last month I also toured the cramped emergency department at Casino and District Memorial Hospital and examined the plans to relieve the pressure. I spent the first couple of weeks of parliamentary sitting in November to lobby Coalition decision-makers for a \$3 million upgrade at Casino hospital.

This would include new treatment and resuscitation bays, a new triage area and staff room, and improvements to the ambulance entry area and waiting rooms.

Although no decision on this has been made at the time of writing this column, I remain very hopeful and will keep the community and health workers informed on its progress.

There are many other exciting health initiatives I am currently working on, such as a Headspace Clinic in Lismore to help our young in need.

I am getting on with the job and will continue to advocate for a first class health service in the Northern Rivers.



Book Reviews by Robin Osborne

Ammonites and Leaping Fish – A Life in Time

Penelope Lively

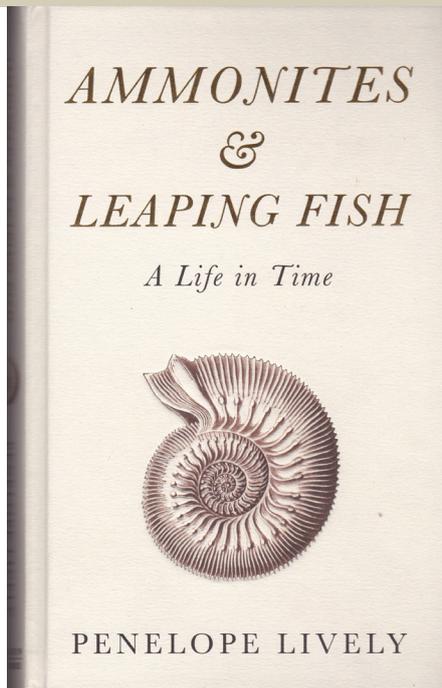
Fig Tree/Penguin

Although no stranger to Australia, and the author of 22 works of fiction and four, including this, of non-fiction, Penelope Lively has received scant local coverage for a book widely acclaimed in her native UK (Guardian best-seller list, mid-2013).

Slender in size but broad in scope, this “view from old age”, as the 81-year old dubs it, is a nostalgic yet unsentimental reflection on an ‘examined’ life well spent, and of the importance of reading and writing, and the joys of cherished possessions.

In the last category are the ammonites and leaping fish of the title, along with some other beloved things accreted (her term) over a lifetime – duck kettle-holders from Maine, the Jerusalem Bible, dated 1942, “when Rommel’s army in Libya had advanced to within a hundred miles of the Egyptian border,” the Gayer-Anderson Cat, a BC replica of the cat goddess Bastet, and more.

Addressing the current debate on the ageing society, she writes of measures to encourage the elderly to continue working, and the ‘life expectancy based



adjustment’ to the aged pension.

But can we expect to see 70-year olds digging ditches or driving garbage trucks? Not bloody likely!

Predictably, health issues have her attention: on a recent trip to an A & E she noted that, “my companions in the awaiting-room were seven elderly men and women, and three mothers with babies or toddlers...it is the old and the young who demand most attention.”

She has had treatment for breast cancer, and suffers ‘dodgy’ sight and various muscular-skeletal problems, yet she’s hanging in – as this book surely shows – and wants to be able to sit, stand, watch TV, go to the supermarket, meet friends, write more novels.

It surprises her how one

gets used to old age, she writes: “You get used to diminishment... An alter ego is amazed, aghast perhaps – myself in the roaring forties, when robust health was an assumption, a given, something you barely noticed because it was always there.

“Acceptance has set in, somehow, has crept up on you, which is just as well, because the alternative – perpetual rage and resentment – would not help matters.

“You are now this other person, your earlier selves are out there, familiar, well remembered, but you have to come to terms with a different incarnation...

“Once, time was the distance into which you peered... in old age, that dependable distance has been whisked suddenly behind you – and it does seem to have happened suddenly.”

On memory, the other major challenge of age along with mobility, the aptly named Lively (a legacy from her late husband) writes of “a comet trail of completed time, the memory trail,” and devotes a chapter to discussing it.

‘Collective memory’, she says, relates to education and inclination, which is why “history should be taught in school, to all children, as much of it as possible. If you have no sense of the past, no access to the historical

Data's Gone Phishing

A new virus threat is causing major headaches for local practices, as David Guest explains...

Cryptolocker is the latest and greatest in computer “ransomware”. It is spreading on the internet and its behaviour and the ramifications of infection are causing Australian businesses to revisit their approach to computer malware.

Cryptolocker is a well written, program that makes the most of the current strong encryption standards. It does not interfere with the computer’s function in any way and is easy to remove. It gives clear messages to the user about what it is doing and posts regular updates on the state of the system and the data it contains.

So why is it different and why is it so effective?

As described in a previous article, Cryptolocker creates a point in time encryption of many of your most important data files (documents, spreadsheets, databases, images, financial information, backups, etc.). Following the encryption it sends the decryption key off to a random internet server, accessible by Cryptolocker’s creators, and deletes it from your system. Because it uses strong encryption, to get your data back you either have to get the key or wait until computers are sufficiently powerful to break the current encryption standard. The latter will take a number of years.

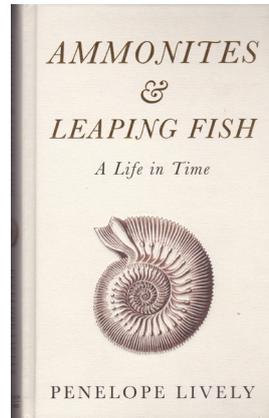


The exciting thing about Cryptolocker is that you are on a 72 hour deadline, literally. Unless you start the decryption process within that time frame your data is gone. This is the other half or Cryptolocker’s genius.

Most servers on the internet are no longer physical machines. They are “virtual machines” created on the fly by computer hosting

cont p 27

Book Reviews... cont from p24



narrative, you are afloat, untethered; you cannot see yourself as part of the narrative... you will not have an understanding of time, and a respect for memory and its subtle victory

over the remorseless of time.”

Although a book everyone should read, such musings will best be understood by the (let’s say) over-60s, all of whom are urged to get hold of a copy.

- Robin Osborne

More Book Reviews cont p 32



More links of interest for Data's Gone Phishing... [Link 1](#)
[Link 2](#)

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MOBILITY

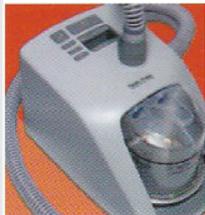


COMPRESSION ITEMS

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Southside Pharmacy
13 Casino Street,
South Lismore 2480
Local D.V.A. RAP Supplier

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FITNESS & REHAB EQUIPMENT



**HOSPITAL
AT HOME
EQUIPMENT**



Data's Gone Phishing... cont from p25

companies. They are often used by large companies to cope with an expected increase in traffic for a few hours or a few days. Think "World Cup" and you will understand how demand will rise over a sort period of time and then quickly disappear.

Unfortunately, law enforcement agencies are not your friend. When they find these virtual servers and remove them from the internet, they are ensuring infected users' data is gone. Their aim is to disrupt Cryptolocker's operations. User data loss is merely collateral damage.

The Cryptolocker sting only works if you pay your money and get your data back. It seems that this is often the case, particularly if "infected users" respond early. Reputation management is as important to extortionists as it is to medical practitioners.



Cryptolocker therefore provides a number of payment options (It's a full service organisation.). Bitcoin and paypacks are popular since they significantly increase the difficulty in tracking down the recipient.

It is probable that the authorities will eventually catch Cryptolocker's creators, shut them down and put them in jail. Unfortunately, because of the success of its business model, copycat programs are expected soon.

So what can you do?

Prevention is better than cure. Most infections come, not from computer insecurities, but from phishing attacks. The attack appears to come from a trusted source often by email. To avoid detection by antivirus software the payloads are usually compressed in zip format. The user is induced to open the attachment believing it to be a file from their bank, travel agent or other company with which they

do business. Alternatively, the email of instant message may contain a link to a fraudulent website that almost exactly replicates the one the user is expecting. If, however, you download and install a file from that site, you can expect the unexpected.

Two good pieces of advice are never open a zip file that you have not created and always go to your bank's website by using your own shortcut or by entering the address manually in the search field.

Backup, backup, backup is the best way of coping with these new infections. The question is how frequently. Cryptolocker announces itself upon completion of its encryption process so your data loss is from your last good backup to that point. For most medical practitioners this implies at least a daily backup.

It is extremely important that your backup data is not accessible over your local network. Files stored on shared drives are also encrypted, compounding the data loss and increasing the incentive to pay the ransom. You need your data off your network by backing up either to a remote server not accessible as a shared drive or to a local hard drive that is then physically disconnected from the network. Computer virus spread is thwarted by an "air gap".

Cryptolocker is the modern day electronic mafia. Before they make you an offer you can't refuse, check with your IT support to see if they can give you protection.

For a more detailed discussion of the mechanics of Cryptolocker see Steve Gibson's Security Now, Episode 427 and Episode 428.

Dr David Guest is a Goonellabah GP with a special interest in IT issues.



syzygy

November/December 2013

Rapid detection of gastrointestinal pathogens by real-time PCR

- 10** enteropathogens available **NOW**
- 31** enteropathogens coming **SOON – 2014**
- Specifically developed for Australian patients
- Bacteria, parasites and viruses available in the one request
- No need to request additional testing
 - C. difficile* PCR
 - Enterohaemorrhagic *E. coli* (EHEC)
 - Viral enteropathogens (Rotavirus, Adenovirus, Norovirus etc)

At Sullivan Nicolaides Pathology we recognise the future role of real-time PCR as an essential part of your routine test menu. We are developing a NATA accredited 31 test panel that will give you a comprehensive tool to detect all common Australian gastrointestinal pathogens. This includes bacterial enteropathogens, parasites and viruses. It will be available early in 2014.

As a first stage, we have introduced an initial panel of 10 target pathogens that includes:

Five parasites (Figure 1)

- Blastocystis*
- Giardia*
- Cryptosporidium*
- Dientamoeba fragilis*
- Entamoeba histolytica*

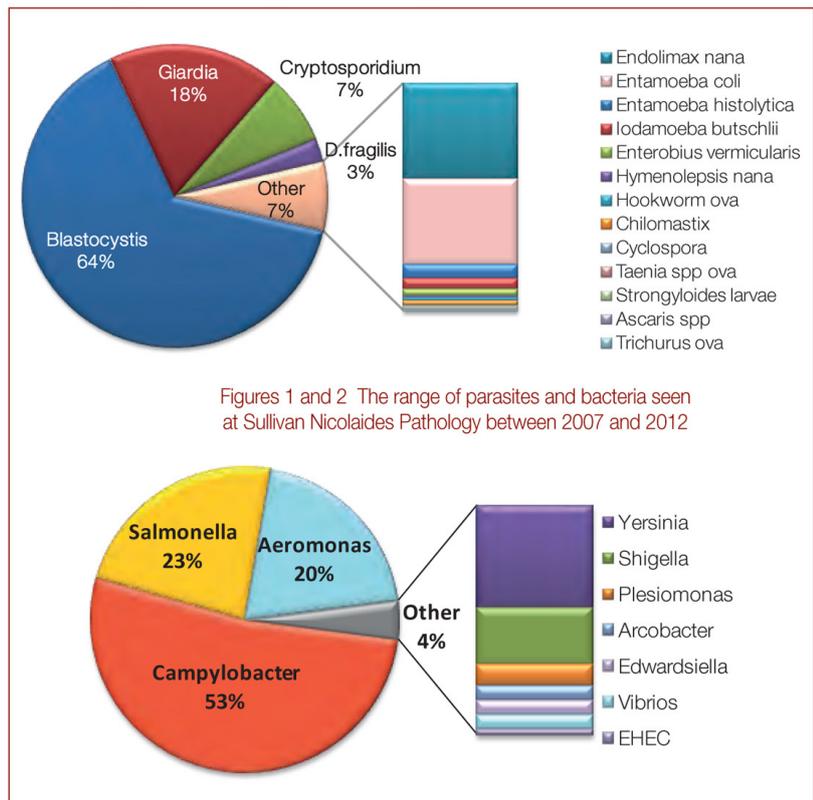
Five bacterial enteropathogens (Figure 2)

- Campylobacter*
- Salmonella*
- Aeromonas*
- Yersinia*
- Shigella*

We have included *Aeromonas* in the panel as this is the third most prevalent bacterial enteropathogen isolated from SNP stool specimens and a known cause of both persistent and acute diarrhoeal illness.

Real-time PCR offers improved turnaround time for bacterial enteropathogens, particularly negative results. These can be available in 24 rather than 48–72 hours. Real-time PCR also has superior sensitivity compared to the classic parasite detection techniques of microscopy, concentration techniques and antigen detection (EIA).

It is important to remember that, despite the benefits of PCR over conventional methods, **only those organisms that are designated and tested for can be detected**. This is especially important when patients have been overseas. An even greater range of infectious organisms may be present in those who are immigrants, refugees or those who are immunocompromised (Figure 3). These must be requested specifically until the extended 31 enteropathogen panel becomes available in 2014.



Figures 1 and 2 The range of parasites and bacteria seen at Sullivan Nicolaides Pathology between 2007 and 2012

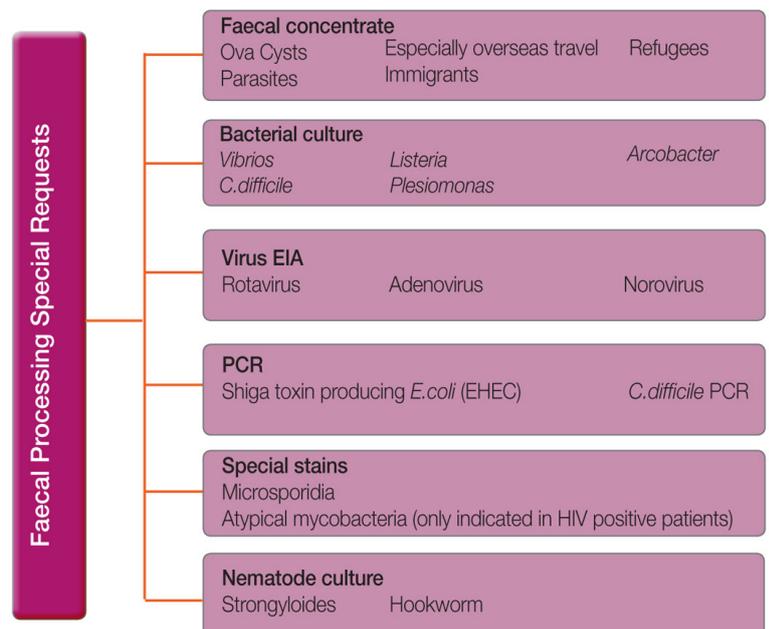


Figure 3 Faecal processing special requests.

Lismore Base scans new horizons

Robin Osborne visits Lismore Base Hospital's greatly enhanced Imaging Department, which recently marked its first birthday.

The names Positron Emission Tomography (PET), Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) hardly roll off the tongue, nor will they be household words to those not needing such high-level diagnostics. But for many patients, and their consulting clinicians, this suite of offerings at Lismore Base Hospital (LBH) is now a vital part of the care regime.

Barely a year old the hospital's enhanced imaging department is already regarded as the technological leader in regional/rural NSW, making it



LBH radiographers Doug Thompson and Dean Hunt view the results of an MRI scan.

one of the best in Australia.

So far up to 800 patients have received PET scans, according to the department's manager, Denys Wynn, while Senior Nuclear Medicine Technologist Andrew Dixon was keen to show GPSpeak the difference between a 2D nuclear bone scan and the extraordinary 3D definition offered by the \$3M PET equipment.

That there is a 'wow' factor

is not only evident to the lay observer but to specialists in the field: later in the day I chanced across a leading North Coast radiologist who described the facility in glowing terms.

While the majority of patients are being investigated for cancers, the system is also "a brilliant tool in looking for infections, and myocardial viability," Andrew explained.

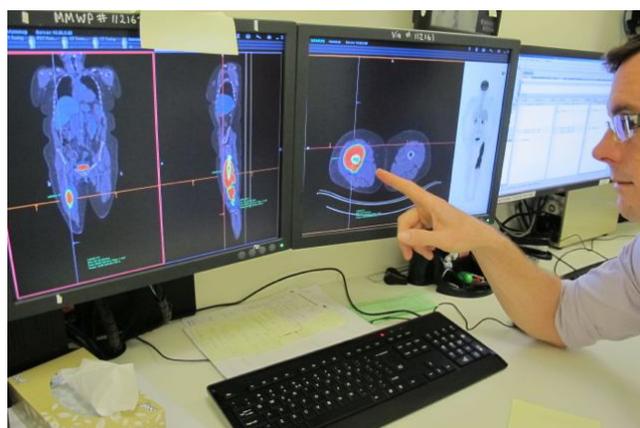
As the LBH patient information leaflet says, "PET is an advanced molecular imaging procedure which can identify metabolic activity within the body." Following the intravenous introduction of FDG [Fluorodeoxyglucose], the amount of activity taken up by the organs indicates whether the function of that organ is normal or abnormal, thus allowing for the early detection of disease.

CT scanning, done as part of the procedure, shows exactly where the FDG has been taken up by the body.

MRI, which uses a magnetic field and radio waves, rather than a nuclear process, to see inside the body, is being increasingly accessed directly by GPs for adult patients (>16 y.o) with a range of suspected neurological and muscular

skeletal conditions, including unexplained seizures, chronic headaches, C spine, and knee/ACL injury.

These are Medicare-rebatable items, while other scans



Andrew Dixon inspecting a PET scan.

can be performed on a fee for service basis.

Around ten patients a day, ranging from elderly outpatients to neonates born in LBH, are serviced by the MRI facility. Although the noise of the procedure can be somewhat harrowing, the information obtained is vital to patients' ongoing care.

GPs linked to the PACS storage system have direct access to the scan results, otherwise patients can be given a takeaway CD. The results of PET/CT scans are provided to the relevant specialists, or to staff clinicians in the case of inpatients.

LBH's state-of-the-art imaging department is more than a clinical success: without

cont page 31

Mature at 1 - Our House comes of age

The development of radio-therapy on the Lismore Base Hospital (LBH) campus was a huge step forward for cancer services in the Northern Rivers, but it created something

in Lismore and surrounds was another problem, as was (and still is) the parking situation around LBH.

The result was a major access challenge for people

land or building for such a facility, and no funds to enable it to happen.

On the positive side, there was a forward-thinking team, coordinated by LBH paediatric



Our House fundraising coordinator Rebekka Battista and manager, Ruth Harrison.

of a dilemma – where could patients stay while they received their integrated care?

A radiation regime can extend over several days, even weeks, while individual treatment takes only a short time, leaving patients, who often feel weakened by their cancer, to take an onerous journey home, or fill in the long days locally.

Affordable accommodation

needing life-saving or palliative oncology care.

The genesis of Our House, which celebrated its first birthday in December 2013, dates back to 2004 when the need for comfortable and affordable accommodation for cancer patients, family members or carers became blindingly obvious.

Seeing the need was one thing, resolving the situation quite another. There was no

cian Chris Ingall and backed by some enthusiastic locals, including State MP for Lismore, Thomas George, and oncologist Adam Boyce.

Skilled networkers and knowledgeable in the fine art of “rattling the can”, the members of the newly-named Northern Rivers Community Cancer Foundation approached federal and state governments, the Cancer Council NSW, service clubs, businesses

cont page 31

Enhanced imaging at LBH... cont from p 29

the commitment of the local community, medical staff and political representatives, and other advocates, it would never have happened.

Financial contributions ranged from the Ballina branch of the Scopes Club of Australia (\$10,500) to the Federal and State governments (\$13M and \$3.3M respectively), making it a true partnership.

At the sod-turning in late 2011, NNSW LHD Chief Executive Chris Crawford said,



Senior nuclear medicine technologist Andrew Dixon with LBH's PET equipment.

"This takes the hospital to the next level."

One year later, in December 2012, the purpose-built facility was opened, with

Scopes Ballina President Leonie Dahl saying, "We have members and their families with cancer and they'd have to travel for treatment and testing... the community pushed for it and made it happen."

LBH medical imaging is further proof (think, the radiation oncology unit, cardiac cath lab, and more) that 'Better health care, closer to home' is

no longer a political platitude, but a reality that is prolonging local lives and improving patients' wellbeing.

Our House... cont from p 30

large (such as Woollam Constructions and Casino's Northern Co-operative Meat Company) and small, and a range of individual supporters.

For five years the self-funded charity chipped away, and finally the planets aligned.

In relatively quick time, the old Jildyn block of flats opposite LBH was purchased, and then demolished after asbestos was discovered. Plans were developed for a 20-unit, motel style facility between Laurel Avenue and Hunter Street, and after construction was completed the rooms, including the common areas and kitchen, were

fully furnished and fitted out with donated goods.

In late 2013 guests started arriving, and without exception they have appreciated having comfortable, affordable accommodation in such close proximity to LBH.

Our House offers parking, cooking facilities, laundry, in-room kitchenette and wide-screen TV, wifi, a communal kitchen and dining area, an outdoor BBQ and relaxation space, children's playground, and a book and DVD library.

The responses of Our House guests have been recorded on a new video, '*Our Story*' celebrating its first 12 months.

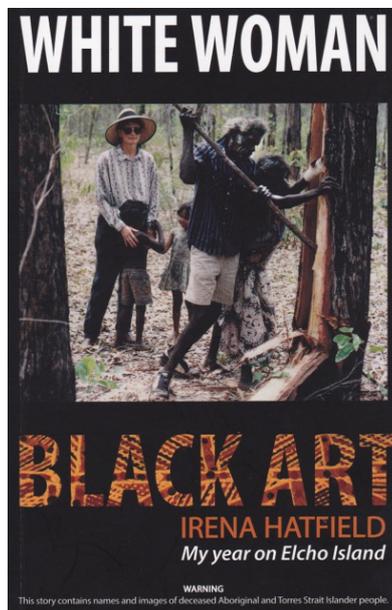
As Dr Chris Ingall comments, "People are having a hard time in their lives, and if this can make their treatment any easier, we're happy."

Our House prioritises patients receiving cancer treatment, but also accepts the parents and families of children in LBH children's ward and Special Care Nursery, as well as general hospital patients when capacity permits.

For information and bookings at Our House, tel (02) 6629 4350 or email info@ourhouse.org.au

Book Reviews... cont from p 25

Robin Osborne reviews a fascinating book by a former, high-profile Northern Rivers resident, Irena Hatfield.



Unaware that within a few years she would face trial for the murder of her late husband, Irena Hatfield flew from Darwin to Elcho Island, off the NT's northeast coast, on 7 September 1993.

On her lap was her elderly Sydney Silky terrier, Twinkle, while in her bag was a letter of appointment to turn the derelict Galiwinku hospital into an Aboriginal arts and crafts centre showcasing the works of the local Yolgnu people.

Behind her lay two older children (by a previous husband), study at the University of NSW, where she had gained a Master's in art administration, and the sensational shooting of husband, Chris, a highly successful butcher and, she writes, a passionate lover and philanthropist.

At the time of his death, police had suspicions about

his wife's role but only acted years later when further information came to light. By then, Hatfield was running Lismore Regional Art Gallery, far from Arnhem Land.

As she notes on the back cover of her self-published book, "Following a high profile murder trial in 2000... Irena Hatfield was acquitted and completely exonerated..."

Yet her hints at notoriety add little to this fascinating, and historically valuable, account of a place where everything seemed to be done differently.

"The experience was by far the most adventurous I had ever had; the Elcho Island Art Centre was built, operating and financially viable, with the artists receiving a modest income.

"Likewise, significant pieces of Elcho Island art had been acquired by major State galleries throughout Australia, which would remain as a cultural legacy for the world to enjoy."

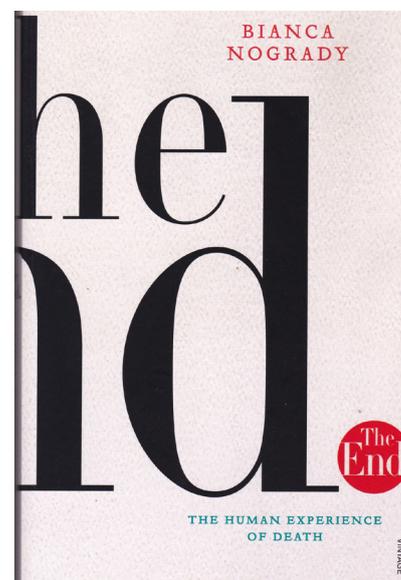
White Woman – BlackArt is available in bookshops, or as an [eBook](#) .

[Irena Hatfield reads](#) from the book at the Surry Hills, Sydney launch.

The End

Bianca Nogrady

Vintage - \$34.95



Why do we die, and can it be done well? Just two of the big topics science writer Bianca Nogrady scopes in her 'profile' of dying and death from the personal and clinical perspectives.

Well researched, clearly written, technically precise yet brimming with compassion, and no punches pulled. Inadequate pain management and the inappropriate use of invasive technology are amongst the contentious subjects discussed with a range of experts.

By increasing our understanding the book helps demystify, yet still glorify 'the end' that awaits us all.

For the full review go to [HealthSpeak December](#) issue.

Singaporean back to research our health

A leading Singaporean medical statistician has returned to the Northern Rivers to work with local researchers studying how the region's health status may have changed – for better or worse – in recent years.

Dr Arul Earnest spent several years here collaborating on University Centre for Rural Health research projects and undertaking his PhD research. His current trip is funded by a University of Sydney Research Collaboration Award, gained in collaboration with UCRH colleague Associate Professor Geoff Morgan.



From 2005-2007, Dr Earnest worked at the UCRH where he researched the health status of local North Coast and NSW wide populations and worked on a doctorate focused on mapping birth defects in NSW.

Now an Associate Professor, he is the Director of the Centre for Quantitative Medicine at the prestigious Duke [US]-National University of Singapore, and back here to advise on statistical methods for local and Australian health service research and develop collaborative projects with UCRH colleagues.

“These projects include developing Australia’s own rural birthing index, analysing multiple hospital admissions for chronic disease in the North Coast, and investigating the health effects of fire smoke pollution in Australia and Singapore.” Dr Earnest said.

Dr Earnest’s biostatistical analysis work has also focused on the risks of heart disease at the area level, helping health planners provide for geographically targeted campaigns and interventions.

“In that study, we showed that socioeconomic disadvantage increased both the risk of acute coronary syndrome and related mortality. Rural life can mean a reduced chance of receiving appropriate care, with a higher proportion of Indigenous residents showing a level of risk beyond the effects of general socioeconomic disadvantage,” he said.

Other studies have included helping quantify the level of risk of major birth defects by geographical regions, and developing suitable statistical models to study rare forms of birth defects.

UCRH Director, Professor Lesley Barclay, welcomed Dr Arul Earnest back, saying the Centre was delighted he had chosen Lismore as the base for his return visit to Australia.

“To attract internationally known researchers is a vote of confidence in the facilities, partnerships and staff of UCRH, and in the North Coast region more generally. The work Dr Earnest is undertaking will be of immense benefit to the longer term health of local residents and Australians generally,” she said.

New report urges: plan now for ageing Australia

A research paper by the Productivity Commission released on 22 November 2013 predicts that at the same time as ageing makes major demands on the budgets of all Australian governments the country will encounter a major slowdown in the growth of national per capita income and productivity.

In *An Ageing Australia: Preparing for the Future*, the government-backed, independent research and advisory body projects that unless “luck or appropriate policies intervene”, net national income per capita may grow by only 1.1 per cent p.a. over the next five decades. In the last 20 so-called boom years the annual growth rate was 2.7 per cent.

The nation’s challenges will be compounded by continually increasing longevity, with the population aged 75 or more years projected to rise by 4 million to 2060. In 2012, there was just one centenarian for every 100 babies. By 2060, it is estimated that there will be 25 such centenarians.

Meanwhile, Australia’s overall population will continue to grow strongly, and is expected to be around 38 million.

Peter Harris, Chairman of the Commission, said, “The best time to develop policies that address the inescapable implications of demographic change is while the transition is in its infancy. It is a good time to start a debate and to float creative policy options.”

By 2060, there will only be four times more babies than centenarians – today it’s ten times more...

While the report makes no recommendations, and was not directly commissioned by the government, it raises key areas for policy consideration, including a re-examination of the Age Pension and the broader retirement system, which, it argues, discourage “an active economic role by older people, notwithstanding their far longer life expectancy... The current arrangements are at best arbitrarily linked to life expectancy.”

The report suggests linking the age at which people might access retirement benefits to longevity. It notes that after completing school, current generations will otherwise spend nearly half their lives not in the labour force, mostly in retirement.

“The design of the Age Pension and broader retirement income system might be linked to life expectancy after completion of the current transition to 67 years in 2023,” it said.

A pension age rise to 70 years is one option being float-

ed.

“Many older people are asset rich, but income poor,” the report says. “Innovative ways of accessing just a small share of people’s housing equity could leave them with assets that still grow, while improving services and relieving some fiscal pressures.”

Better health outcomes

The under-performing health care sector is also examined, with support for a policy agenda focused on lifting productivity in ways that could relieve fiscal pressures while not reducing service quality.

“More broadly, across the whole health system, decisions about what resources to use, for whom and when, are informed by a messy assortment of sound evidence, and information that is out of date or not well founded,” the report noted.

“Effective preventive and early intervention may avoid the use of costly procedures at a later time (or simply the avoidance of poor outcomes) – the principle behind public health.”

The report concluded that, “Estimates of the benefits from some recent health reforms suggest that these could bring significant benefits and help to alleviate fiscal pressures. Just a 5 per cent improvement in health sector productivity would reduce the projected fiscal pressures for all Australian governments by 0.5 percentage points of GDP in 2059-60.”

Pad up for a chat with 'Blowers'



The fine art of applying willow to leather – or knocking a batsman's/woman's stump out of the ground - will be the focus of a special fundraiser in Lismore with guest speaker Henry 'Blowers' Blofeld, the doyen of English cricket commentators.

Arranged by the Northern Rivers branch of Lord's Taverners, the event is set for Wed 8 Jan 2014, 6.00 pm for 6.30 pm, at Lismore Workers Club

Auditorium.

The cost is \$25.00 per adult, \$50.00 a family (2 Adults + 2 Children under 18), with the bistro open from 5.00 pm to purchase dinner before start of play.

Tickets are on sale at Lismore Cruise & Travel, 55 Woodlark Street Lismore, 02 6621 2548, or contact events@lordstaverners-northernnsw.com.au

The Blofeld event comes amidst the England v Australia Ashes series as well as during the popular Lismore Under-12 Cricket Carnival.

Lord's Taverners began in London and spread to the NSW north coast in 2009 thanks to the enthusiasm of Stan Gilchrist, an accomplished player and coach, and father of a lad named Adam, whose cricketing feats are well known.

The group encourages participation in sport, particularly by youngsters, the disadvantaged and those with special needs. It raises funds for coaching and the provision of sporting and academic facilities.

At the national level, it supports blind and deaf cricket, Indigenous cricket, and intellectually impaired cricket. Already, more than twenty young North Coast sportsmen and women have been financially assisted in furthering their sport.

At the grass roots level, Lord's Taverners Northern NSW conducts Twenty20 cricket competitions for Years 7-10 at North Coast schools and an intensive sports camp for disadvantaged youth. Its visits to Tenterfield, helping to re-establish cricket there, have become an annual event.

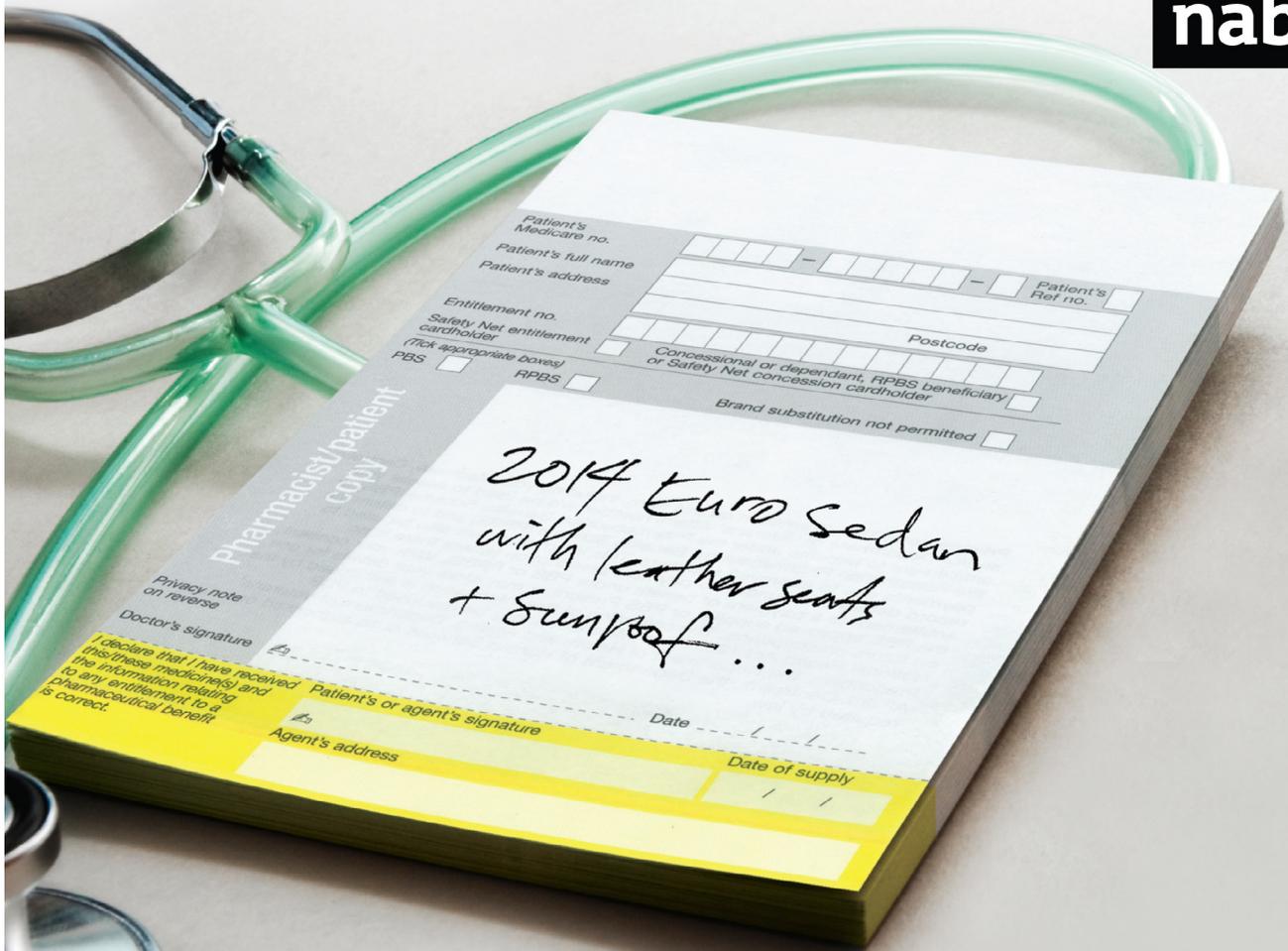
The sporting charity also funds a scholarship at Southern Cross University for either a disadvantaged student, or for a student who intends to work with disadvantaged youngsters.

[View The Lord's Taverners News Page](#)



more give, less take

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