NorDocs

The quarterly magazine of the Northern Rivers Doctors Network

Winter 2022

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Published by: Northern Rivers Medical Network

Email: info@lists.nordocs.org.au **Web:** www.nordocs.org.au

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The cover of our Winter 2022 issue features a map of the convergence of Northern Rivers floodwaters. It was created by Graphiti Design Studio and commissioned by Rous County Council, which has two main roles - flood mitigation across the local government areas of Ballina, Lismore and Richmond Valley, and bulk water supply for a population of around 100,000.

The devastating flooding of late Feb/ early March 2022 brought commercial and cultural activities to a complete stop, and life is only starting to recover. A sign of optimism was the rebirth of the Lismore Lantern Festival, held on the shortest day of the year. Among the local heroes celebrated in light were the owners of 'tinnies' that conducted rescue missions for residents trapped by floodwaters.

This photo of one of the tinnie lanterns was taken by local GP and NorDocs contributor Andrew Binns.

Map by Graphiti Design Studio © Rous County Council

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

Editorial - Water, water everywhere

David Guest - Clinical Editor

The cover of this issue depicts the complex river systems of the Far North Coast. The **caput medusae** (resulting from an obstruction that leads to engorgement of the upstream vessels) of the Wilson River at Lismore has had repeated, and often unpredicted, severe consequences for decades. The flood waters from this system combine with those of the Richmond River to inundate the other townships downstream. All settlements and much farmland on the North Coast have been affected either directly or indirectly.

On 23 June 2022 NorDocs held its first face to face meeting in almost three years. "Flood Docs" brought together over 60 GPs, specialists, residents, politicians and health administrators from around the region to discuss the devastation of the February-March flood, its aftermath and its effect on the community and the provision of medical care.

Congratulations go to the organising committee of Nathan Kesteven, Dave Glendinning and Sue Velovski, and to master of ceremonies, Peter Silberberg. Special thanks goes to NorDocs administrator, Linda Ward, for all her work in making the meeting such a great success. Our report on the meeting appears on page 6.

While the flood waters are long gone the recovery has just started. The **NSW government inquiry into the 2022 floods** is to issue its final report at the end of July. On page 13 we look at options for "flood-proofing the towns" and on page 11 note the views of the community already sought by the Commission. One option is to move Lismore out of the flood zone (page 8) but the cost of doing this is said to be over one billion dollars.

Addressing mental health issues is part of the recovery and one that does not require massive infrastructure investment. Art therapy can be an effective treatment as shown by a **North Coast survey** conducted by University of Western Sydney medical students.

In a similar vein of addressing the mental health of the community through art, Lismore Gallery director, Ashleigh Ralph, speaks with Janet Grist on the efforts being made to restore the gallery to its former glory (page 10).

This year's Archibald Prize winner was Blak Douglas' portrait of local artist Karla Dickens (page 5). Blak describes the painting, "Moby Dickens", as a metaphor for the recent disastrous North Coast floods. Dickens' previous work **featured in NorDocs magazine** in February 2021.

New surgical procedures are available on the North Coast. Same day total knee replacement (TKR) is an option for a subset of patients being treated at Grafton Base Hospital under local orthopaedic surgeon, Dr Sam Martin (page 20). Sam examines in more detail what can be achieved in this field on **our Youtube channel** and advocates for the more widespread availability of same day TKR on the North Coast.

Complementing same day TKR operation is the new procedure of genicular artery embolisation (GAE) for knee pain in the postoperative period, as local vascular surgeons Andrew Drane, Dominic Simring and Anthony Leslie explain on page 22.

The May election has brought a new Labor government to power. On page 15 former health bureaucrat Dr Stephen Duckett has some sage advice for the new Minister. On page 16 we review the changes in the health landscape over the last ten years and the challenges facing the Minister in the years ahead. As with other areas of government policy, changes to health will take more than one three-year term to fully develop and implement.

Labor's health plan aims to increase GP numbers and improve access to both GPs and specialists.

The previous Coalition government's Australia's Primary Health Care 10-Year Plan was released just prior to the election and some of its recommendations are likely to be adopted by the new government.

For general practice Labor foreshadows:

1. grants of $25,000 to $50,000 to increase quality care through technology upgrades and upskilling,

2. a modified medical home with voluntary patient registration for the elderly to sign up with a GP clinic for the management of long-term, chronic diseases, and

3. support for integrated care, allowing people to move more easily from hospital to primary care.

Australian general practice is in freefall (page 31). Increasing specialisation has seen a marked restriction in scope of practice for general practitioners and the demise of the general physician. Years of underfunding general practice rebates has made the discipline a non-viable option for many young graduates.

Research suggests the three things needed to entice young doctors to general practice are to:

1. decrease the GP/specialist income gap,

2. allow for more procedural work, and

3. provide more opportunities for research and academic work.

It seems unlikely that any of this will come to pass soon. Labor has major policies across several domains that it wishes to implement. None of these are cheap and, as with most incoming Treasurers, Jim Chalmers has looked in the cupboard and found it bare.

It seems likely that, for the time being at least, it will be steady as it goes. This might ungenerously be described as the slow process to turn around an oil tanker, or if worst comes to worst, the Titanic approach. We can only hope that the prospects of true health reform will not encounter an iceberg or even the shoals of bureaucratic ineptitude and financial waste.

Lighting up Lismore

Above: Jyllie Jackson with Bundjalung man Uncle Gilbert Laurie at the Lantern Parade 2022. Photography by Natsky © - **www.natsky.com.au**

On the wintry night of 25 June, one of the year's shortest days, people of all ages took to the streets with lanterns in all shapes and sizes. These ones were a tribute to the locals who used 'tinnies' to rescue neighbours trapped in the perilous floodwaters.

Just how deserving was Jyllie Jackson's Order of Australia Medal in this year's Australia Day honours was born out by the success of her 'baby', the Lismore Lantern Parade. Now nearing its third decade, the parade was the city's biggest community event since the Feb-March floods.

'I've been on many committees in Lismore and Nimbin over time – Skillshare, Nimbin Birth and Beyond, Lismore Women's Health Centre, Family Support Service - and I've been a Community Health representative," Jyllie told the Lismore App after learning of her award.

She came to Lismore when she was 25 and brought her children up in Nimbin. Since 1994, she's been involved in organising the annual Lismore Lantern Parade. It was her previous work in Hong Kong helping with lantern festivals that inspired to bring the concept to Lismore.

The festival has become an important event on the Lismore calendar, helping to bring people together after the 2017 flood and now in 2022 after the worst weather event in the region's recorded history.

'Even when Covid was here, we still did the parade and we sent lanterns all over Australia – and we've travelled all over Australia to other events,' Jyllie said. 'It's in our DNA. It's about our adaptability and resilience as a community.'

The Lismore Lantern Parade relies on donations to keep this wonderful and important event for Lismore going. Donations can be made via the **website page to donate.**

Dramatic flood image wins Archibald Prize

More accustomed to being the creator of artworks than the subject, Wiradjuri artist Karla Dickens, who lives on Bundjalung Country in Lismore, has helped Blak Douglas, a Sydney-based artist with Dhungatti heritage, win the 2022 Archibald Prize.

The painting is a metaphor for the disastrous floods that hit northern NSW in February/March.

'Spiritually, we all know that Mother Earth is angry at us,' says Blak Douglas about a portrait whose title references the 1851 novel Moby Dick, by Herman Melville.

Douglas adds, 'Karla is Moby – a strong, prized figure pursued by foreign combatants.'

The artist often uses flat-bottomed clouds as a symbol in his work, representing what he calls the 'false ceiling of government'. There are 14 of them in this painting, indicating the number of days and nights that the first deluge lasted.

'The story of Noah's Ark comes to mind,' says Douglas. 'One would think that a devoutly religious prime minister might take significantly more note of the community's desperate call for assistance.'

Winner Archibald Prize 2022, Blak Douglas Moby Dickens, synthetic polymer paint on linen, 300 x 200 cm © the artist, image © AGNSW, Mim Stirling

He says that the leaking buckets in the portrait serve as a cryptic acknowledgement of the commissions that many commercial galleries take on artworks sold, which range from 10 to 50 per cent: 'The rising muddied waters are a symbol of the artist's position within the art world – trepidatious, unchartered and ominous.'

This is the fifth time Douglas has been selected as a finalist in the prestigious **Archibald competition**.

In late 2022, an artwork by Karla Dickens will be installed above the entrance of the Art Gallery's historic building, as one of the major commissions for the Sydney Modern Project.

In February 2021 the magazine published a story on Karla Dickens' exhibition **A Dickensian Sideshow** at Lismore Regional Gallery.

Karla Dickens, a Wiradjuri artist who lives and works on Bundjalung Country in Lismore, is one of nine artists who have been commissioned to produce a site-specific work as part of the Sydney Modern Project at the Art Gallery of New South Wales. Her commissioned work, a panel depicting hooded figures, is a powerful consideration of the continuing legacies of colonialism and patriarchy. It will be installed in the niche above the front door of the Art Gallery's historic building later this year.

Local geriatrician awarded OAM

Dr Hugh Fairfull-Smith's contribution to the North Coast community was recognised in the recent Queen's Birthday honours.

On his retirement last year local GP **Dr Andrew Binns wrote of Dr Fairfull-Smith** that "it takes a special clinician with a broad range of skills to deal with the complexities and challenges of geriatrics. It involves diverse skills in managing complex chronic diseases, comorbidities, individual psychosocial issues, social determinants of health and family dynamics."

As the first geriatrician in the area it also involved setting up multiple services for the elderly. Hugh's first act was to establish the Geriatric Assessment Team. This was followed by a Respite Service, the At-Risk Register, the Dementia Outreach service and the rehabilitation units at St Vincent's and subsequently at Coraki and the Ballina hospitals.

At a time when there were no guidelines or procedures to follow Hugh showed great initiative and drive in just "getting the job done". This spirit is still alive on the North Coast today as shown by the volunteer doctors involved in the recent floods. (See page 6).

NorDocs congratulates Hugh on his award and wishes him and his wife, Cate, well in their retirement.

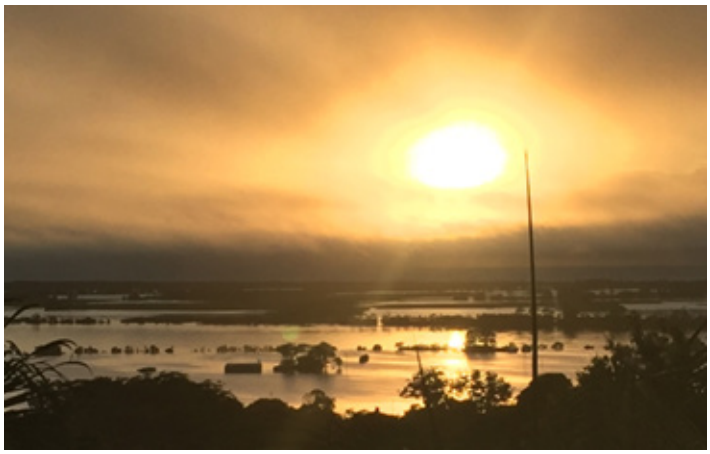
After the rain

Who pays for paradise after the rain?

After the rain - The Angels, November 1978

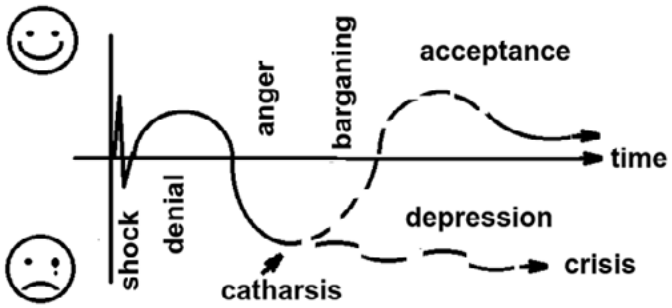
On 23 June 2022 NorDocs held its first face to face meeting in almost three years. "FloodDocs Recovery Day" was a chance for the North Coast medical community to come together to share their stories, the highs and the lows, of the recent devastating floods.

The towns along the Richmond and Wilson Rivers, having suffered through two years of COVID-19, were just starting to emerge from the pandemic when the record breaking flood of 28 February 2022 hit. It destroyed homes and businesses in North, South, East and Central Lismore as well as the downstream hamlets of Coraki and Woodburn. Five lives were lost.



Richmond River in Flood March 2022

For many businesses it was the final straw. They had neither the money nor the energy to start again. While government grants seem generous they barely scratch the surface of replacing expensive machinery and stock, Many have gone or are continuing a roller coaster ride through Kübler-Ross' **five stages of grief**.



GP Dr Nina Robertson, of Keen Street Clinic that was destroyed by the fast flowing waters, described the ups and downs of the last few months in getting the practice going again. At times the partners wondered if it was all worth the effort. They contemplated giving up but inspired by support from their many patients they pushed on and as of late May had limited capacity for seeing patients in their restored annex on Keen Street.

Nina summarised her advice for those faced with similar crises in the future.

Keen Street Clinic near the peak of the flood

Dr Bill Thompson (pictured above) spent two months helping restore the Keen Street Clinic.

1. Don't panic- once the lives are saved, everything else can wait
2. You won't sleep- and you will survive
3. You will swing wildly from optimistic to completely pessimistic
4. Be kind to your colleagues
5. Apologise when needed
6. Help comes from everywhere
7. Evaluate offers carefully and don't rush important decisions

Dermatologist Ken Gudmundsen was similarly affected by the flooding in the main street of Lismore.

Dr Ken Gudmundsen at FloodDocs

His building was inundated and he lost over a million dollars worth of equipment. Ken called for more support from the government for financial aid now and for effective flood mitigation in the future.

All six of the pharmacies in downtown Lismore were flooded. Kyle Woods had owned the Southside Pharmacy for only a year when the pharmacy and surgical supply store were hit. He was grateful to the surviving out-of-flood pharmacies that helped during the rebuilding process. He was also thankful to Janelle Saffin's office for cutting through the red tape that looked like it would stymie his reopening for months. However, he was most thankful to his loyal staff who helped out in the clean up and came back to work after a hiatus of several months.

On a brighter note the North Coast medical community is to be congratulated on their efforts at providing emergency medical services during the flood.

The meeting learnt of Dr Ian Traise's efforts in the first few hours and days wandering around the basketball court turned "Evac Centre" at Southern Cross University dispensing medical

Kyle Woods with the Southside Pharmacy team

advice and scripts as the flood victims rolled in.

He was soon joined by Dr David Glendinning helping out with the socially disadvantaged from South Lismore and the Winsome Hotel. With a pocket full of pills he made sure everyone got a good night's sleep.

Dr Kristiana Pavlovic, is a long time member of St John's and junior medical officer at Lismore Base Hospital.


Dr Kristiana Pavlovic speaking at FloodDocs

She coordinated the volunteer doctors who came from around the country to help out at the two evacuation centres at Southern Cross University and the Goonellabah Sports and Aquatic Centre. A Google doc became the rostering system and their communication system was a WhatsApp group.

Emergency physician, Dr Sebastian Rubinsztein-Dunlop, came down on the third day to relieve Ian Traise. He was told he would only need to be there for a few hours. He stayed a week, converting the SCU medical clinic into a formal medical assessment centre, accepting rescued victims from around the area and patients choppered in by the army Black Hawks from towns isolated by flood waters. They treated the needy and dispatched the sickest to the Base Hospital.


Dr Sebastian Rubinsztein-Dunlop with a flood resistant gift from NorDocs

There was no playbook to follow in this emergency. Someone saw a need in the Emergency centre and worked out a way to fix it. Both Seb and Kristiana acknowledged the innovative and can-do approach of all their colleagues. It turns out even surgeons can do nasopharyngeal swabs.

Lismore Base Hospital is high on a hill; not so Ballina District Hospital. Dr Tien Khoo, physician in charge of BDH received a call saying the police were ordering a hospital evacuation. Confirming this through medical channels turned out to be difficult.

On the buses

It was true, however, and the doctors, nurses, wardsman, cleaners, volunteers and sundry others sprung into action relocating the hospital to Xavier Catholic College Ballina.


The medical ward at Xavier Catholic College

Dr Khoo's take home message for the medical system was that we must "improve disaster readiness, communication, infrastructure and safety nets". We look forward to that report and accompanying policies.

Closing out the night was surgeon and NorDocs Board member, Dr Sue Velovski. Cut off by flood waters she became the local doctor to her community on the hill. Advising on medical matters like the bioequivalence of Jurnista and Jardiance (they're not, despite starting with the letter J) it reminded her of how we become comfortable in our silos but struggle when cut off from colleagues and the internet.

In concluding Sue reminded us that despite the challenges, the rains eventually stop, the clouds part, the sun shines and the waters recede.

After the rain life goes on.

* * * * *

NorDocs would like to thank the sponsors of the night, NSW AMA, RDA NSW, NSW RDN and Miga.

The prizes for the quiz on the history of flooding in Lismore were won by Dr Nina Robertson and Lismore Mayor, Steven Krieg. Mayor Krieg correctly identified the date of completion of the Lismore flood levee and the year it was first topped. Some events are writ indelibly in one's memory.

The prize of $5,000 from NorDocs and Keen Street Clinic for the date and height of the next flood went unawarded.

Does Lismore need a 'heart' transplant?

While Council searches for solutions, an experts' report says Lismore needs to build a 'new heart'.

Robin Osborne looks at early suggestions for the flood-struck city's future.

Should I stay or should I go now
Should I stay or should I go now
If I go there will be trouble
If I stay it will be double
So you gotta let me know
Should I stay or should I go

The Clash - Should I Stay or Should I Go

The quandary is not new, ranging from the collective to the personal. Should We Stay or Should We Go, asked best-selling author Lionel Shriver in the title of a recent novel, while punk band The Clash wondered the same in 1981.

Like many others, for various reasons, they posed a question whose answers are frustratingly elusive.

Lismore, devastated by flooding, is facing the same dilemma – should it go, by folding its tents and moving uphill, or stay, like King Canute, the champion of stayers, and try to win the battle against nature by increasingly clever engineering and building solutions.

The options for the city's future are now facing intense scrutiny from many quarters: all three tiers of government, experts in such fields as hydrology and town planning, and the thousands of residents and businesses whose homes and livelihoods have, quite literally, been turned upside down.

Opinions and visions abound, with a major, and likely heated, debate likely to develop when decision time approaches. Meanwhile, one thing is abundantly clear – doing nothing is the only unacceptable option because of the numbers of homeless and business premises gutted. Looming over it all is that no one can confidently predict that the city – and the downstream villages and farmland – will never be flooded again.

In recent weeks two significant reports have been released, one a study by Lismore City Council with the prosaic title of "Review of Lismore's Land Use Management Strategy - A Discussion Paper on Growth and Rebuilding in Lismore", the other, "On Higher Ground – a new future for Lismore", a challenging contribution by three local academics.

Council's plan begins with a reference to the likely ongoing impacts of climate change, noting what is required is 'a complete re-think about how we plan to rebuild a regional city located at the convergence of two rivers. There can no longer be a 'business as usual' approach to planning for Lismore.'

What is needed are 'big ideas about how we can adapt, mitigate and live with the flood risk so that we are not endlessly repeating the same heartbreaking clean-up processes.'

The broad approach looks at how the CBD might be protected and "de-risked" through mitigation measures, concurrent with a strategy to "de-populate" other more vulnerable areas.

Suggestions include a 'land swap' program for eligible residents in North and South Lismore, along with encouraging house raising and other flood protection measures. It also recommends the rezoning of new flood free industrial land at Goonellabah and preliminary feasibility and design work for the creation of a new commercial centre on the golf course land at East Lismore.

'All of this will require significant and ongoing support from both State and Federal Governments,' the Review says.

'Council is seeking feedback on the recommendations made in the report from landowners, business and industry and the general Lismore community. All feedback received will be considered by strategic planning staff and addressed in a report to Council.'

The golf course - whoever thought it would be seen thus – is also regarded as suitable "higher ground" in the second study by Adjunct Professor Barbara Rugendyke, Geographer Professor Jerry Vanclay and Environmental Scientist Mr Angus Witherby who begin with the proposition that 'Lismore is a shattered town' and argue that for the city to prosper into the future it is essential that it build 'a new heart.'

Saying mitigation works to flood proof the current town are not possible – a pity this was seldom stated in all the flood levee reports and debates over recent decades – they conclude that, 'a cursory analysis of the financial costs of rebuilding the town after repeated flooding events, compared to the cost of relocation of the town now, supports the argument for relocation of much of the CBD and of housing subject to inundation.'

In a statement of the bleeding obvious that could have value well beyond Lismore, they add, 'One of the basic principles of environmental management is: if you can't remove the risk, move people from the risk. This is apt and applicable in Lismore's case and would provide an exemplar for future relocation of parts of other towns or cities in Australia which repeatedly experience the ravages of environmental disasters.'

Such reports, and no doubt more to follow, raise a number of key questions. These include who should manage the relocation process, who will bear the costs and what might happen to those who refuse to leave CBD premises or North and South Lismore dwellings.

The only general agreement is that something must be done, and it must start soon.

One imaginative proposal, a kind of "Bladerunner solution", is for the CBD

area to undergo a futuristic redesign to accommodate businesses and residents who do not wish to move to 'higher ground', say Goonellabah or the golf course, which itself would have to be moved, unless the popular facility is to be scrapped altogether.

Under this plan, which is yet to see the light of day, the new CBD would be built several stories up over levels of carparks and eventually consist of three large shopping malls starting with Woodlark Street from the north side located over the Brown's carpark. This could incorporate layers of apartments for inner city living, and bring people into the centre of town, with the mall containing shops, offices, a cinema, restaurants and other features.

The mall would be joined by an aerial walkway to the next mall, which would be located from the eastern edge of Keen Street and again more businesses could be relocated. This would again be joined by an aerial pedestrian bridge to a third mall starting from the southern edge of Magellan Street and extending to Conway Street.

Part of the funding for these malls would come from the sale of upper-level apartments, and again existing CBD businesses would have preference to the shops in the new mall.

The area between the western side of Molesworth Street and the river would need to be looked at carefully, the theory goes, as buildings such as the Summerland Credit Union and the Westlawn building are already flood safe. However, a critical look at most of the others would necessitate some tough decisions being made.

Once the businesses have shifted from the central CBD area, the buildings would all be removed and the area turned into a town square in the manner of many European and South American cities and towns. There could be small street level enterprises and events, restoring charm to the city's heart.

To borrow from Yes Minister, adopting such a plan would be a courageous decision indeed, but perhaps that is what the city needs if it is not just to survive but thrive in the years ahead.

From Carnaby Street to Coraki... every picture tells a story

Rock legend the late Jimi Hendrix photographed by Colin Beard at the Monterey Pop Festival in California in 1967. **Signed print number 3/25** was listed for sale on eBay this year for $A1,432.00

Rob Crosby, St Vincent de Paul Society NSW communications coordinator, came across Colin Beard in the disaster recovery centre in Lismore a few days after the regional city and much of the surrounding area was inundated by floodwaters.

Like thousands of evacuees in the Northern Rivers, Colin, who is 83, had plenty of stories to tell, not least about courage and kindness of those who had rescued him from his flooded home downriver in Coraki and taken him into their home and hearts.

'I realised the water was starting to come up and thought 'I better get out of here,' but I couldn't find my cat Sweetie,' Colin told Rob.

He found his cat and put her in a box but was less lucky with his car, which was destroyed – and uninsured because as a pensioner he could not afford the premium.

Trapped in his house, he rang the police and six hours later was rescued by two men in a tinnie. Later, in a safer place, a young girl named Asia introduced Colin to her family and he was 'adopted'.

'Asia came and said she'd put a chair in the shade for me. I became part of the family, they'd lost their house, which moved 10 feet. They're a beautiful family. They have relatives here [in Goonellabah, Lismore's elevated suburb] and they brought me with them. I have a little room with Sweetie, who's my only family.'

When the waters subsided Coraki residents began returning to survey what was left of their homes. This was when details of Colin's previous life started to emerge.

'The Fire Brigade came to clean up, and one bloke put down a camp chair and said you sit there, we'll handle this. When one of the younger blokes came out he had one of my photos from the 60s, a shot of Jimi Hendrix,' Colin said.

Colin Beard photographed by Rob Crosby, St Vincent de Paul Society NSW.

'Wow, did you take this?'

'Yeah, a long time ago.'

'It's a really good photograph...'

'It's yours,' I said, 'I insist...'

Colin suggested the firey get the photo framed and put it up in the station.

For years the English born photographer had travelled the world with his cameras, focusing on rock icons like The Beatles, Rolling Stones, Janis Joplin, The Who, Cat Stevens, The Kinks... and Jimi Hendrix. Colin's work appeared in international newspapers, magazines and Australian Geographic.

According to an ABC **profile**, 'Colin Beard followed the sixties rock 'n' roll revolution from behind the lens when he became the founding photographer for Australia's first iconic pop music magazine called Go-Set.'

After the floods… some good news about gallery's artworks

by Janet Grist

Nine weeks after the catastrophic February flooding of Lismore and the second flood a month later Lismore Regional Gallery Director Ashleigh Ralph describes the last few months as a roller coaster.

These terrible events happened when Ashleigh was just eight months into the job.

Four days after the flood, Gallery staff were able to enter the building and survey the damage. The entire two-storey building was inundated by a tsunami of river water and debris. It was a very emotional time for team members who'd worked at the Gallery for many years.

'The whole Gallery was flooded, including the exhibitions, the permanent collection, the Hannah Cabinet, everything. We had a flood mitigation plan, but this flood went above and beyond what anyone could have anticipated or planned for,' Ashleigh said.

The recovery effort involved more than 400 volunteers over ten days supporting staff to clean out the gallery.

'People who had never come to the gallery before were there helping out. Sadly, the same effort wasn't afforded after the second flood. It was pretty devastating. Now the building is being slowly cleaned out by engineers and hygienists. They are taking out the walls and ceilings and then we wait to engage a building company to rebuild the gallery as it was, with some improvements.'

But there are some good news stories. Remarkably, the iconic Hannah Cabinet (worth $1.5m) is able to be restored despite being inundated with water.

'It will take a couple of years, first it's gone to conservators in Canberra. After they have completed their work, it comes back to its creator Geoff Hannah to make the final touches,' Ashleigh explained.

The Gallery's permanent collection went up to Brisbane for sorting and assessment and the works are being shipped to Sydney for conservation and restoration. The other exhibition works are still being evaluated and the Gallery is working with the artists and the insurance company to determine what happens next.

'Fortunately, the Afghan war rugs that were on exhibition have had a pretty quick turnaround because of the nature of the fabric. They can be washed, and the conservators have worked on those. Overall, they'll be okay with only minor permanent damage.'

The Gallery staff are being housed temporarily in the GSAC building in Goonellabah. Ashleigh said the team is coming back together after a lot of people went on leave, and the Gallery is still engaging with the community. Currently a Collage Club is being run every Thursday afternoon in The Quad, adjacent to the Gallery.

'People love to come and get lost in the process of collage, it's pretty cathartic I think. We're also hosting music in the Quad and we're planning a few key events over the next six months. I'm also busy working with the curators of the Gallery to produce off-site or pop-up exhibitions.'

Meet Ashleigh Ralph

When Ashleigh was appointed as Lismore Regional Gallery Director last June, the then Mayor Vanessa Ekins described her as the 'stand out choice' among many applicants.

For Ashleigh, whose previous position was Assistant Director in Development and Operations at the Institute of Modern Art (IMA) in Brisbane, says it was the natural next step in her career.

"I'd been looking to live down in this area and had my eye on Lismore Regional Gallery, and I thought 'that's where I want to work.' Months later, the position came up, so I put my hat in the ring.

Ashleigh grew up in Brisbane, attaining a Bachelor of Arts, majoring in Art History with First Class Honours from the University of Queensland. She has worked in that city in a range of arts settings.

Before working at IMA, Ashleigh founded and directed Innerspace Contemporary Art, was Assistant Curator at UAP and worked in museums and not for profit organisations. Ashleigh told NorDocs that she appreciates Lismore's diverse community and vibrancy.

"The history of Lismore is interesting, and I am fascinated by the stories of why people moved here. Some many artists and creatives land here, and the Bundjalung ."

As well as setting her intention to work in Lismore, Ashleigh says she is motivated to make a difference in the arts. She knew early on that she wanted to manage an art space and work in the regions.

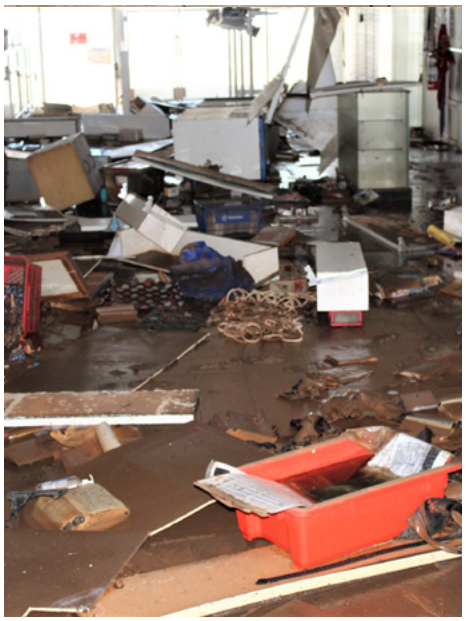
"I made a lot of good connections through my various positions when I was in Brisbane. I was part of an artist-run initiative, CORFLUTE with university friends. I also ran a commercial roaming art space, Innerspace Contemporary Art. I've always been passionate about supporting emerging artists to take that next step in their career."

Ashleigh enjoys support from both family and friends.

"My mum is a writer and has always encouraged me to follow my passion. She was always getting me to draw and express myself creatively. I'm grateful for my upbringing in that way. I also have a strong support network in Brisbane, and they are only a stone's throw away."

While taking on a new role and directing the Gallery during a pandemic, and then dealing with the disastrous floods has been extremely challenging, Ashleigh is looking forwards with optimism.

Despite these major setbacks she still intends to continue to bring cutting edge art to the region, alongside the work of local creatives. Although of course the recovery and rebuilding process will take some time.



Community asked to 'Imagine Lismore' in 2040

Lismore City Council launches a discussion paper and consultation process to consider the future of the devastated city and nearby vulnerable locations. Robin Osborne reports…

Coinciding with President Joe Biden's 'Build Back Better' **strategy**, a response to the chaos caused by Donald Trump, Lismore City Council has launched a **Building Back Better** process to address the devastation of the February-March flooding and to plan for the local government area at large – although not necessarily the floodplain – to survive and even thrive into the future.

Acknowledging that the floods 'necessitate a complete rethink about how we plan to rebuild a regional city located at the convergence of two rivers', the land management discussion paper invites public submissions before 10 June 2022, and will incorporate input from public forums on 23 and 25 May at Lismore Heights Sports Club.

'The aim of this review is to agree on a strategic direction for growth and rebuilding in Lismore and to ensure that in the long-term there is a suitable supply of land available for new and existing businesses and a suitable supply of flood-free residential land,' the Council advises.

Some of the strategic objectives identified for consideration include:

- A planned retreat of the most high flood risk areas of North and South Lismore. Council will advocate for a State and Federal Government funded land swap arrangement to allow residents to move to higher ground but remain close to existing social networks and jobs.
- Protection of the CBD and land on the eastern side of the Wilsons River through flood mitigation measures.
- Investigations into expanding the industrial precinct at Goonellabah.
- Preliminary design and feasibility work to establish whether a new commercial or mixed-use precinct could be located on the golf course land at East Lismore.
- New medium density zoning and increased height controls for strategically located flood-free sites.

The first option, entailing an exodus out of the vulnerable and largely destroyed suburbs on the floodplain, would see hundreds (at least) if not thousands (more likely) of residents and businesses moving to higher ground or leaving the city altogether. It is anyone's guess what would be left in their wake, and what future for the CBD?

Following feedback from the community, a report with final recommendations will be considered by Council and put out for further comment. Once adopted by Council, maps identifying future growth areas and any related recommendations will be added as an addendum to the Imagine Lismore 2040 LSPS.

LSPSs, or Local Strategic Planning Statements, are a NSW Government requirement for councils to set out the 20-year vision for land-use in their local area, along with the special character and values that are to be preserved and how change will be managed into the future.

Given the massive impacts of flooding on Lismore, and the presumed likelihood that the future may hold more such catastrophic events, 'managing change' should be a major focus of the Council's deliberations, while imagining the town next year, let alone in 18 years' time, seems a massive task for the planners.

In the words of a classic understatement by Council, 'Lismore is facing some big decisions about rebuilding and future growth.'

Presumably the answers will lie somewhere between staying and going, but the devil will lie in the detail and the stakes are nothing less than monumental.

The next steps to recovery

'This is about flood-proofing these towns' – NSW Deputy Premier Paul Toole

In March 2022, the NSW Government commissioned an independent expert inquiry into the preparation for, causes of, response to and recovery from the 2022 catastrophic flood event across the state of NSW. The **Inquiry** is being led by Professor Mary O'Kane AC and (former NSW Police Commissioner) Michael (Mick) Fuller APM.

The team is consulting directly with impacted communities in the Northern Rivers, with plans for virtual meetings in the Hawkesbury-Nepean and Clarence River regions in mid-June. It is not the only body looking into the disaster.

At the 31 May sitting of the NSW Upper House's **Select Committee** on the Response to Major Flooding across New South Wales in Lismore several Northern Rivers mayors and MPs attacked the performance of Resilience NSW in the aftermath of the February flood, with the lead agency for disaster management being called 'institutionally incapable of doing the job'.

Lismore MP Janelle Saffin – whose life was threatened in the flood – said the disaster response agency was unfit for purpose – 'missing in action in every way' – and had failed to coordinate other agencies and often operated without an adequate response plan and later recovery plan.

Ms Saffin said the Resilience NSW leadership was unhelpful and obstructionist, and eventually she refused to deal with them, saying she had contacted Premier Dominic Perrottet's office to circumvent them.

Similar criticisms had been made at the session in Ballina on the previous day, while a day later, in Murwillumbah, Premier Perrottet said the government would be willing to relocate residents in flood prone areas of Lismore if the independent inquiry recommended moving the town.

The Premier told the SMH he would feel 'personally responsible' if the town faced another deadly flood and the government had not tried to lessen the devastation.

He acknowledged the government needed to do more but said his visits to Lismore showed him there was 'not much you can do in terms of preventing the destruction and damage a flood like that can cause.'

Perrottet said the government would take advice from its infrastructure teams about flood mitigation methods for the future. There needed to be 'a deep appreciation … that these events are occurring more often than they have in the past… If we have another flood like that in two or three years, and we've just gone back and done the same thing again, I would feel personally responsible.

Northern Rivers Reconstruction Corporation chief executive David Witherdin told the Summit that relocating Lismore's town centre could cost more than $1.0 billion and take five to eight years.

Moving the town would be 'an enormous undertaking' but 'in terms of some residential areas right down near the river, a voluntary purchase program should absolutely be on the cards. In terms of the CBD itself, community sentiment is really strong around retaining it, so I think we're going to be sensitive to that.'

Details of consultations are available on the Inquiry's webpage.

The Inquiry will report on:

• the causes of and factors contributing to the frequency, intensity, timing and location of floods;

• preparation and planning by agencies and the community for floods in NSW;

• responses to floods, particularly measures to protect life, property and the environment;

• the transition from incident response to recovery;

• recovery, including housing, clean-up, financial support, community engagement and longer-term community rebuilding.

The Inquiry will also consider and, if thought fit, make recommendations on a range of matters, including:

• the safety of emergency services and community first responders;

• current and future land use planning and management and building standards in flood prone locations across NSW;

• appropriate action to adapt to future flood risks to communities and ecosystems;

• coordination and collaboration between all levels of government.

The Inquiry is required to report to the Premier on causation, land use planning and management and related matters by 30 June 2022, and on all other matters by 30 September 2022.

The Northern Rivers Reconstruction Corporation's head, civil engineer David Witherdin, is described as one of the most powerful figures in the Perrottet government. Mr Witherdin has said the work of the Corporation will set up the Northern Rivers communities for the next 50 to 100 years.

According to NSW Deputy Premier, Paul Toole the Inquiry's recommendations will drive the work of the Corporation, saying the latter would look at areas where it makes the 'most sense' to rebuild as well as working with the insurance industry to ensure reconstruction is sustainable and insurable.

'This is about future-proofing these towns,' Mr Toole told the SMH's Heath Gilmore, himself no stranger to flood zones, having previously worked at Grafton's Daily Examiner.

SULLIVAN NICOLAIDES PATHOLOGY

Our pathologists support you in your practice

Sullivan Nicolaides Pathology Lismore proudly supports the Northern Rivers with a comprehensive pathology service. Our specialist pathologists are available for consultation and our laboratory provides complete local coverage with a 24-hour on-call service at St Vincent's Private Hospital.

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

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

Dr Andrew Mayer MBBS(Hons) FRCPA
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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.

Dr Patrick van der Hoeven MD FRCPC FRCPA
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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.

What I would do if I were the Minister for Health and Ageing in the next government...

by Stephen Duckett

This article first appeared in John Menadue's Pearls and Irritations and is reproduced with permission.

A new minister in any portfolio has two tasks: fix the past and fix the future.

Cleaning up the past

Unfortunately, outgoing Health Minister Greg Hunt leaves behind a huge mess. He was the most political of ministers: politicising announcements for listing decisions on the Pharmaceutical Benefits Scheme (PBS) and prioritising the political in decisions about vaccine procurement and rollout. He also sidelined the Department of Health and spent millions on expensive consultants.

So one of my early priorities would be to clean the Augean stables. I would make it clear that PBS listing decisions are not made on political whim but follow a rigorous and rational process which involves expert evaluation of the clinical and economic effectiveness of new drugs. Simultaneously, I would empower the Secretary of the Department of Health to do what secretaries and departments are supposed to do – provide frank and fearless advice.

The new minister's office will not require secret drafts of briefing papers providing a trial run of what the minister wants bureaucrats to say. Public servants will again be expected to incorporate the views of a range of stakeholders in briefing papers and make clear what is in the best long run interest of the whole community, not just what is best for some. Criteria for decision-making and advice will include consideration of the impact on equity, alongside efficiency and cost, not just what is in the best interest of my donor friends, or the last person I spoke to. As Minister, I would emphasise probity in use of taxpayers' money and ensure the Department is not exposed to criticism from the Auditor General for weak procurement practices.

A better future

My top priority would be to end COVID-denialism and ensure Australia is prepared for future variants. Less than 70% of the eligible population has had three doses. I will get the vaccination program back on track to protect all of us, and the health system. I will not be party to dog whistling to encourage anti-vaxxers.

Even prior to COVID, it was clear this was not going to be a reforming government. Sure, Minister Sussan Ley appointed a talkfest of committees, task forces, advisory groups, and panels, but meetings do not a future make.

The most obviously missing piece is a future for primary care. After sitting on a Discussion paper and committee reports for six months, the government snuck out a 'primary health care 10 year plan' on budget night, or at least a document so labelled. It had a lot of words, lots of promotional material about the Liberal Party, but not a single cent to ensure that any of the worthy ideas would be transferred from words on paper to improvements in provision.

A priority of mine will be to review the Liberal strategy, consult again with stakeholders, and aim to deliver a significant investment in primary care before the end of the calendar year (or at least in the next budget).

But primary care won't be fixed by simply focusing on general practice and other primary care services. The black hole of hospitals and specialist practice, which sucks talent and resources from primary care, must also be addressed as a priority, but this will take longer. This will require a focus on Commonwealth-state relations, and particularly hospitals. COVID-19 has left a care deficit of long waiting times for elective procedures, and care for people presenting late for treatment. Staff are overburdened too. More money, at least on a catch-up basis, will be required but a priority of mine will be working with the states on a long-term health and hospital plan as part of a new healthcare agreement.

But a bigger future fix is to earn my title of Minister for Health and persuade my colleagues in government for us all to take health seriously. I will support urgent climate action. We are already seeing the adverse impact of the lost decade of government climate denialism in increased pressure on the health system from fire and floods. I will also work with my Cabinet colleagues to encourage them to take action on the commercial, economic, and social drivers of health. A sugary drinks tax will help pay for some other initiatives. Reducing fossil fuel subsidies help the planet and may encourage use of healthier transport options.

There are a myriad of other issues to be addressed. The death spiral in private health insurance can only be addressed by getting all of the players together to negotiate a common future. Planning for a universal dental scheme needs to get under way, and a 10-year phase in started. Mental health care is still a work-in-progress with major system reform necessary. High out-of-pocket payments, which see hundreds of thousands of Australians missing out on care, need to be addressed.

Reform of the aged care system is required, but hopefully I will have a ministerial colleague who is competent, and not somnolent, to take charge here.

But the essence of priority setting is some things must come second, third, or fourth, however important they are. Reforming the way the public service works, reforming primary care as a foundation, and addressing inter-sectoral issues – including working with state colleagues – will make the other policy areas easier to address.

Stephen Duckett is an Honorary Enterprise Professor at the University of Melbourne, and a former Secretary of the Commonwealth Department of Health.

Doh!

by David Guest

"The Labor Party does things and the Liberals clean up the mess. Repeat."

This pithy description of Australian politics since World War 2 has arguably stood the test of time. Under the last Coalition government which came to power in 2013 there was a gradual reduction in the **national deficit** that had arisen from the 2008 global financial crisis. In 2019 Treasurer Josh Frydenberg proudly announced we were "**back in the black**". The coffee mugs bearing that slogan have rocketed in value, unlike the Aussie dollar.

Then the COVID-19 pandemic hit, with major restrictions on individuals' movements and on commerce. Once again the Treasury coffers were opened to avoid widespread business failures, unemployment and major recession - the 'R' word that so far is barely spoken.

Now the pandemic is coming to an end and the economy is bouncing back, as is inflation. It was low throughout the Coalition years at less than 2.3% but the Medicare rebate increase rarely reached half this level.

Greg Hunt, the Health Minister from 2017 to 2022, and now out of politics, kept a low profile during the early phase of his tenure but surged to prominence in the pandemic. He had a **testy relationship** with his first Departmental head, Martin Bowles, who resigned after 12 months. After his departure the Minister became more active in Medicare reform.

The **Robinson Review** ran from 2015 to 2020 and identified multiple items in the Medicare Benefits Scheme that could be added, removed, updated or deleted. To date little of this has been enacted. However, in General Practice restrictions on prescriptions and the ordering of investigations have been extended.

The **removal of the ECG reporting item** by GPs was seen as petty and unjustified by the profession and typified the Minister's approach, "**Here a little slice. There a little cut.**". Les Misérables' Monsieur Thénardier would be proud of him.

Also gone were the **Collaboratives** and other quality improvement activities in general practice. The **NPS MedicineWise** program, aimed at enhancing quality prescribing in general practice, was defunded in the May Coalition budget. The Minister's goal was to make Medicare lean and mean.

Medicare Locals were replaced by Primary Health Networks (PHNs), whose focus changed from fostering relationships and coordinating activities between all health sectors to that of commissioning health services in a competitive market. In reality the PHNs became little more than a privatised extension of the Department of Health. What will be their next fate?

The Morrison government has been accused of promising much but delivering little. After its defeat in 2018 the Labor Party ran a small target campaign for the 2022 election. Like many of its policies its goals in health were not spelled out in detail.

Mark Butler is the new Minister of Health and has promised reform in primary care but alas - so far - this does not involve any significant increase in the **Medicare rebate**.

The **Labor health package** includes funding elements of the **10-year Primary Healthcare Plan** that finalised its report in 2021 but was not released by Minister Hunt until Budget night. The Labor plan for general practice includes grants to practices to improve IT infrastructure and upskilling, and a scheme for **voluntary patient enrolment with a practitioner** for patients with chronic disease.

Following the fragmented approach across the country to the COVID-19 pandemic the Labor plan includes the establishment of an Australian **Centre for Disease Control** to better manage, amongst other things, any future infectious disease outbreaks.

A change of government has brought an extra spring in the step of public servants in Canberra. Labor plans to end the **consultocracy** that flourished under the Coalition government. The **Thodey review of the public service** was commissioned by Malcolm Turnbull but shelved by the Morrison government in 2019.

The thrust of its recommendations were to restore competencies and incentives in the public service to stop the drift of expertise from the public sector to the big four consultancy firms where the same work would be outsourced at several times the cost of doing it in house.

Name changes for the Department of Health (DoH) since its inception.

1. Department of Health (1921-1987)
2. Department of Community Services and Health (1987-1991)
3. Department of Health, Housing and Community Services (1991-1993)
4. Department of Health, Housing, Local Government and Community Services (1993)
5. Department of Human Services and Health (1993-1996)
6. Department of Health and Family Services (1996-1998)
7. Department of Health and Aged Care (1998-2001)
8. Department of Health and Ageing (2001-2013)
9. Department of Health (2013-2022)
10. Department of Health and Aged Care (2022-?)

The report acknowledged that reversing this loss of talent and raising the proficiency of the public service to higher levels would take years to accomplish.

Former Australian Public Service Commissioner Andrew Podger, now of the Crawford School of Public Policy at ANU, believes reform will be aided by removing the public service staffing cap established under the Coalition and giving departmental bosses autonomy to administer their own budgets. We await the new government's actions on this recommendation.

With advances in technology, Ministers of the Crown are under much greater scrutiny than in the past. "Gotcha" moments figured prominently in the recent election and now come from both traditional and social media.

To counter this, Ministers take advice from media consultants as well as their political advisers. Their policy advisers, traditionally drawn from the public service, do not have the same access and influence. Restoring the role of public servants and allowing them to give "frank and fearless advice" should lead to better procedures and policies in the future.

But it won't be easy, as Don Russell, Paul Keating's former chief of staff, **noted last year.**

"... when things go wrong, they can go wrong in an unconscionable way that brings a firestorm of public scrutiny.

"Ministers, ministerial offices and public servants get caught in an ugly melee involving royal commissions, corruption commissions and maladministration cases, processes that can be very damaging to them – to say nothing of the vulnerable members of the public who find that the system has failed them at a moment of great need.

"I suspect that Commonwealth ministers today are in the process of entering a world of pain, already familiar to state ministers, for which they are not well prepared."

At least one thing will stay the same. A change in government requires a change in the name of the Department and new stationery.

The "Department of Health and Aged Care" is back. We will see where it takes us.

Faster action urged on Ice inquiry findings

The drug Ice, more formally known as crystal methamphetamine, may trigger a flurry of activity amongst users but it appears to have had the opposite effect on those charged with considering how society should address its widespread use and the harmful impacts on those who consume it.

Former NSW Premier Bob Carr is the latest figure to insist the state government heeds expert recommendations and acts to reduce ice usage, addiction and the criminal activities associated with this damaging drug.

This magazine has run a series of stories on the NSW Government's attempts to generate some clarity around the issue, beginning with the announcement in 2018 by then-Premier Berejiklian that a Special Commission of Inquiry would examine the issue. A well-informed body was convened and input sought from a range of experts, including addiction counsellors, lawyers, police and Ice (and other drug) users themselves.

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

After the Commission reported to the government very little seemed to happen, apart from five of the 109 recommendations being rejected outright, these relating to pill testing at entertainment venues and enhanced safe injecting facilities.

Since then, and following a change of NSW leadership, silence has largely prevailed, apart from **criticism** of the inaction from the Commission chair, Professor Dan Howard SC.

In an unusual outburst, Howard said, 'Like the boy who cried wolf, the premier has for so long been saying that the government will 'very soon' respond to the inquiry's recommendations.'

Now his concern has been echoed by former NSW Premier Bob Carr who has urged current Premier Dominic Perrottet

to respond to the findings of the $10.8 million inquiry, saying the absence of funding for drug reform was a "shameful omission" in the state's June budget.

In response Perrottet said a response would be forthcoming 'very shortly... It's not about rushing to the outcome. It's about getting the right outcome and I believe we're very close to landing it.'

Prof Howard told The Sydney Morning Herald, 'NSW has now acquired an embarrassing reputation as a laggard state for its decrepit drug and alcohol policy.

'The lives of people with drug problems are being put at risk in a political 'dance macabre' with a feckless government that doesn't give a sou about them.'

Carr urged Perrottet to adopt Howard's recommendations at a Drug Policy Australia forum in Sydney in late June.

'I don't think there's anything in the zeitgeist that should inhibit the premier from taking the public into his confidence and saying: these are the reforms that have been recommended, it's in the spirit of harm-minimisation... [like the drug injection centres that were established under then-Premier Carr's watch].

'The principles are the same here. Now the challenge is a drug called Ice. If it doesn't work, we won't proceed with the experiment, and we will revisit the law.'

Emma Maiden, head of advocacy at Uniting NSW and ACT, which operates the Sydney injecting centre, told the SMH that the inaction was frustrating for the sector and accused the government of ignoring public and expert opinions 'because they're too scared of a bad headline.'

My Shot

"I'm not going to waste my shot

It's time to take a shot"

Hamilton, an American musical

by David Guest

In April 2020 Dr Anthony Fauci, an internationally renowned immunologist and an adviser (somewhat reluctantly) to President Donald Trump as the lead of the White House Coronavirus Task Force, said in an interview before The Economic Club of Washington D.C.,What keeps me up at night is the emergence of a brand new infection, likely jumping species from an animal; that's respiratory born, highly transmissible, with a high degree of morbidity and mortality. And, lo and behold, that's where we are right now.'

To date the USA has had over 86 million cases of confirmed SARS-CoV-2 infections and a million Americans have died from the disease (in Australia around 50 people are still dying of the disease weekly). The country's death rate was the **second highest worldwide**, only slightly behind the leader, Brazil. Such a result seems incredible for the country with the most advanced health systems in the world, although access to high quality care is restricted and depends on being able to afford expensive treatments. It is far from universally accessible.

American author, Michael Lewis, looked at the first year of the American Covid epidemic in his book, **The Premonition - A Pandemic story**. He describes how the American approach to pandemic planning evolved under the George W Bush administration arising out of the Biodefense Directorate of the Homeland Security Council in 2005.

The Directorate to that time had focussed on malicious attacks by foreign powers using agents such as anthrax or smallpox as the vectors of an attack. Under Dr Rajeev Venkayya, senior director for biodefense at the White House, the plan was updated to deal with the far more likely and dangerous SARS-like infections.

The plan called for the early detection of new infectious disease outbreaks and restricting travel to slow or stop the spread. This would allow time for the development of vaccines and drugs to treat the infection. Success would result from communities coming together, such as they did in natural disasters like the frequent tornadoes and hurricanes of the American gulf states, and from external threats like the 9/11 attack, and taking concentrated action against a biological threat.

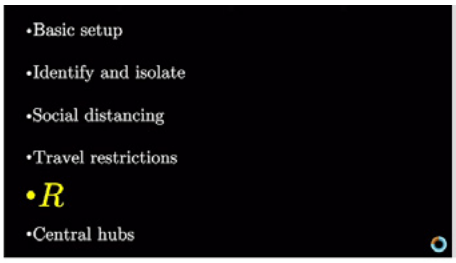
Research on disease spread became increasingly sophisticated during the Bush and Obama administrations. Computer generated simulations allowed researchers to model how the disease could spread quickly and what modifiable factors would hasten or slow or even eradicate a new infectious agent.

These SIR models (Susceptible, Infectious, Recovered (or Removed)) suggested that early identification and effective isolation was central to stopping spread.

Another way to limit the spread was to decrease the ease with which the disease passed from one person to another. Masks, hand washing and the closure of schools and large cultural gatherings all contributed to effective disease control. Also effective was the physical separation of people. A new verb "social distancing" - now all too familiar. - came into widespread use.

Travel restrictions between cities were also shown to be effective but only if instigated early and strictly. Australia, as an island thousands of miles from its neighbours (except PNG) became a real world example of how it might work.

Coordinating the pandemic response through a designated Federal agency was



also part of the plan for effective early management, which is the key to halting an epidemic before it gets a foothold in the community.

The Centers for Disease Control (CDC) was the responsible American agency. Yet Lewis describes it as being ineffective in the early stages of the pandemic, hamstrung by bureaucratic processes and political interference. He gives much more kudos to the country's Chief Health Officers (CHO) who are empowered by State legislation to take any measures deemed necessary to contain emerging health threats.

This latter approach will be familiar to Australians where each of the State CHOs emerged from obscurity to feature nightly on our TVs announcing, in conjunction with the politicians, the latest public health mandates and restrictions.

For many years there have been **calls for an Australian Centre for Disease Control** to improve, amongst other reasons, coordination of the country's response to the infectious diseases.

While there is strong support in some circles, America and **Sweden** have shown it is not a panacea on its own. In the Australian context, it is also far from clear whether the State/Territory governments are prepared to cede their public health responsibilities and resources to a Commonwealth agency, despite the **stated wishes of the incoming Labor government**.

So why did America do so badly in the pandemic?

While bureaucracy and a fractured health system have played a part, some argue that "**American exceptionalism**" was also a factor. This emphasises liberty, freedom of choice, individual responsibility and laissez-faire economics as the basis for a prosperous society and stands in stark contrast to the **Chinese model**. Tight

government control in China facilitated strict and early lockdown measures that were shown to work well, at least in the early stages of the pandemic before authoritarian behaviour by officials began to anger the population.

While the virus does not seem to care what political system is in place to help or hinder its spread, many authoritarian countries have not managed COVID-19 well. However, the more liberal nations, including Australia and New Zealand, have been largely successful in navigating the pandemic.

The main factor that makes the most difference at the start of a new infection is an early and comprehensive response. Delaying only a week can make the difference between containment and exponential growth.

America, Australia and much of the western world is emerging from the pandemic, fitfully in some places. As the percentage of the population that has had COVID-19 passes beyond 50%, restrictions have continued to ease. The new Omicron variants are more infectious but less lethal in an immunised population and antivirals and new therapies such as **Evusheld**, a preventive monoclonal antibody for the immunocompromised, limit mortality in the most vulnerable patients.

As we emerge from the COVID-19 pandemic, the message for the next "big one" will be familiar to Australians. As with **earlier economic shocks** we will need to "Go early, go hard and go households" and then, when the vaccines are developed, have a shot.

* * * * *

Alexander Hamilton, was the first Secretary of the Treasury of the United States. He is credited with creating much of the US Constitution and in establishing the country's sound financial footing in its embryonic years. He is said to have "**thrown away**" **his shot** in a duel with Vice-President Aaron Burr in 1804. He died the next day.

Voting – who has a voice and who doesn't?

Voting booths - Australian Electoral Commission, **CC BY 3.0 AU , via Wikimedia Commons**

by Andrew Binns

Australia is well known around the world for its compulsory voting system and the system is the envy of some countries. But who misses out when it comes to a voice say in the upcoming Australian Federal Government election? And what is the fine for not voting?

If you receive an 'apparent failure to vote' notice, you can: provide a valid and sufficient reason for not voting; tell us that you did vote and provide details; pay a fine of 1 penalty unit at the time of the offence ($137.00) or half this amount ($68.50) if paid before the deadline.

But if one doesn't enrol for voting in the first place then there is no fine. And some purposely don't enrol, no doubt for many reasons, including not trusting the system to represent them. Some may just find the process too hard because of lack of access to the internet or not knowing how.

People often move around a lot and some of course particularly in these times of social housing shortage are homeless. The percentage figures for those who do vote is 96.2% of the Australian population. However, when it comes to the First Nations Australian population it is only about 79.3%, but 86.7% in NSW and in the Northern Territory it is under 69.6%. (Australian Electoral Commission figures as of 30th June 2021).

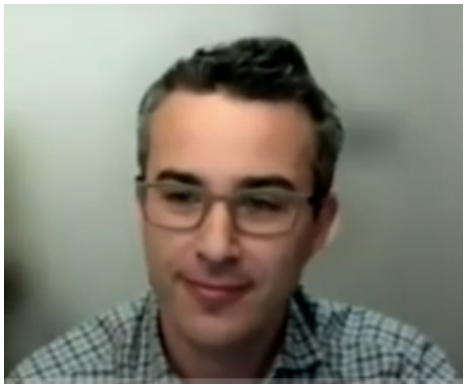
First Nations people only earnt the right to vote in 1962 after a long fight. This means First Nations people have only been able to vote for 60 years of the 234 years of colonial occupation. It is not only the inclusion of a First Nations voice in government, but the next battle is to be recognised in the Australian Constitution which is a significant issue in the upcoming Federal election.

Other groups that are prevented from voting are prisoners and homeless people. For prisoners greater than 3 years in Tasmania and 5 years in Victoria are prevented from voting. There will be an over representation of First Nations people in these two groups.

So, although Australia does well in broad representation of voice in our compulsory voting system, there are still issues that need addressing for some of the most disadvantaged people in our electorate.

Day surgery for total knee replacement

by Dr Sam Martin



Dr Sam Martin, orthopaedic surgeon

Grafton's first two patients to complete same day joint replacement

There have always been demands for efficiency in health care and this only seems to increase. Year after year, the Australian health budget grows by a greater percentage than GDP and this is not sustainable. The COVID-19 pandemic has further increased the need for efficient delivery of medical services. Local disasters like the steriliser breakdown in Grafton or the terrible floods in Lismore and surrounds further blow our surgical waiting lists out.

I have been in Northern NSW for a bit over 10 years but it wouldn't be a surprise if waiting lists for elective surgery in the public system are as bad now as they have ever been. That also has flow on effects for the provision of care in the private system, where especially in Victoria, significant private capacity has been used for the provision of public elective surgery.

There is clear impetus for change here. As clinicians though, improvements to our models of care ideally arise in a patient focused manner with the motivation being to do the best we can for the patient in front of us. In many cases that will also result in more efficient health care. Day-only total joint replacement is an exciting example where patient centered concerns align with a benefit at the health resource level.

This is not ground-breaking stuff. It is self-evident that, all other things being equal, it is both a better patient experience and more cost effective if a patient recovers from (say) pneumonia more rapidly rather than more slowly. So why, aside from a few isolated pockets of ERAS (enhanced recovery after surgery) programs, aren't we seeing more of a concerted effort to have people recover more rapidly after surgery?

This may be down to a misunderstanding. Many clinicians are under the mistaken impression that ERAS and day surgery total joint replacement programs are tricks to cut costs or otherwise under-service patients and then somehow still salvage an acceptable outcome.

Clinicians suspect that day surgery programs or short stay programs are health resource focused rather than patient centered. Others may believe that we are discharging patients who really require inpatient care, but somehow recreate the hospital environment at home with super resources. Neither of these is the case.

A unit that is trying to discharge patients who aren't discharge-ready and then make up for it is probably going about day surgery the wrong way.

I recently had the pleasure of presenting a **NorDocs webinar on the day surgery total knee replacement (TKR)** pilot program that commenced in August 2020 at Grafton Base Hospital. We combined the results with a number of self-funded, day surgery TKR patients from the private system and compared these to the overnight patients from the same time period.

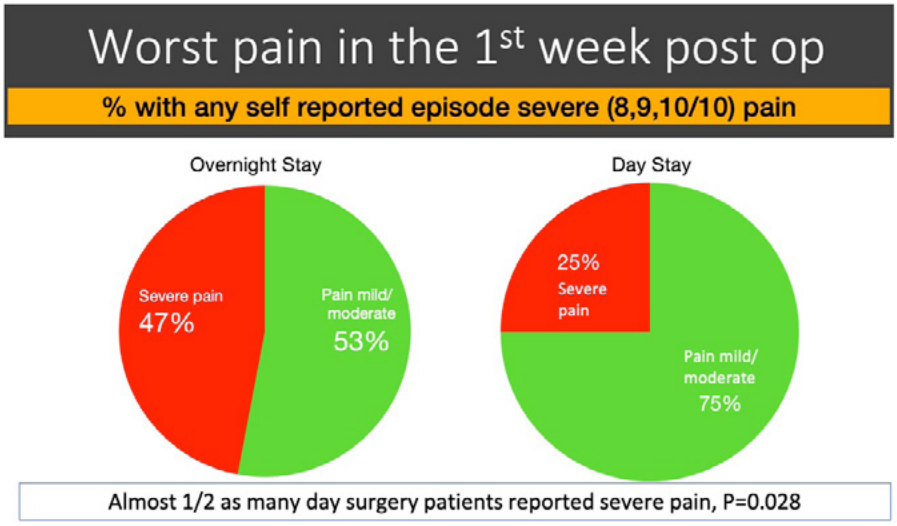
It is worth pointing out that other than the day of surgery discharge and one extra visit to the office for pain and catheter removal, the day surgery and overnight patients had equivalent and standard care with standard resources.

There are multiple small interdependent and cumulative factors that all contribute to a successful day surgery model of care. That in itself is a very interesting area. There is certainly no one key thing. In TKR surgery, a less invasive approach, minimal tourniquet use, thoughtful local anaesthetic infiltration, intra-articular

anaesthetic catheter, generous use of corticosteroid, novel bandage technique and an appropriate anaesthetic are all examples of steps that contribute in our unit, along with many other details which are minor in isolation.

there were no readmissions in the day surgery group. Only one patient intended for day surgery failed to meet the discharge criteria on the day.

There is clearly some selection bias at play, but that speaks to the process as patients were selected prior to the surgery. Numbers in the study were too low for robust conclusions, but overseas studies with large numbers have shown the safety of day surgery total joint replacement.



There were 17 day surgery patients and 100 overnight TKR patients. Since then, the day survey cohort has grown by 7 to 24. The day surgery patients were found to be more likely to be satisfied with the process, and more likely to recommend the process to a friend or family member. The day surgery patients also reached greater levels of function at an earlier time point than the overnight patients. Missing out on inpatient rehabilitation did not appear to compromise their recovery. Of particular note, the day surgery patients were half as likely to report an episode of severe pain in the first week after surgery. It turns out that analgesia still works at home!

With further research, this may become clearer. At the moment, it appears that if anything, post-surgical analgesia is more efficacious at home with patients who are less sleep deprived, more comfortable, have more to occupy them and aren't constantly questioned about their pain.

Hospitals as we know them are safe places to be for sick people, but aren't necessarily the ideal healing environment to recover from a straightforward and reproducible surgical event.

The day surgery group also had a lower rate of presentations to emergency after the surgery than the overnight group and

Day surgery TKR clearly isn't for everyone. The starting point though, of "what can we change so that patients recover more rapidly after surgery?" does apply to everyone.

In fact, it is likely that the patients who are not candidates for day surgery TKR - for example the very elderly, frail and those with significant comorbidity - are the patients who have the most to gain from surgery undertaken in a manner which is associated with a more rapid recovery and is easier to get over in general.

After all, the physiological insults associated with TKR are simple. These are blood loss (which can be minimised), pain (which can be minimised), a period of immobility (which can be minimised) and anaesthetic/analgesic side effects (which can be minimised, especially if pain is minimised).

It is time for arthroplasty surgeons in Australia to catch up with the rest of the world, where in many cases day surgery total joint replacement is a standard model of care.

It is not only patients in the USA or Europe who would like to recover from surgery with less pain and regain independence and function more rapidly. Ours do too. Ultimately the exact date of discharge isn't important, but more efficient use of our overloaded hospitals is a welcome byproduct of protocols that facilitate an enhanced recovery after surgery and that is good for everyone.

I would like to acknowledge my colleague orthopaedic surgeon Dr Michel Genon, Dr Alan Tyson, director of anaesthetics at Grafton Base Hospital, Amanda Tutty, director of physiotherapy, and Dr Corey Scholes of **EBM Analytics** for their contributions.

Genicular Artery Embolisation (GAE)

Cutting edge treatment for Symptomatic Knee Osteoarthritis

Andrew Drane MBBS, Dominic Simring FRACS, Anthony Leslie FRACS

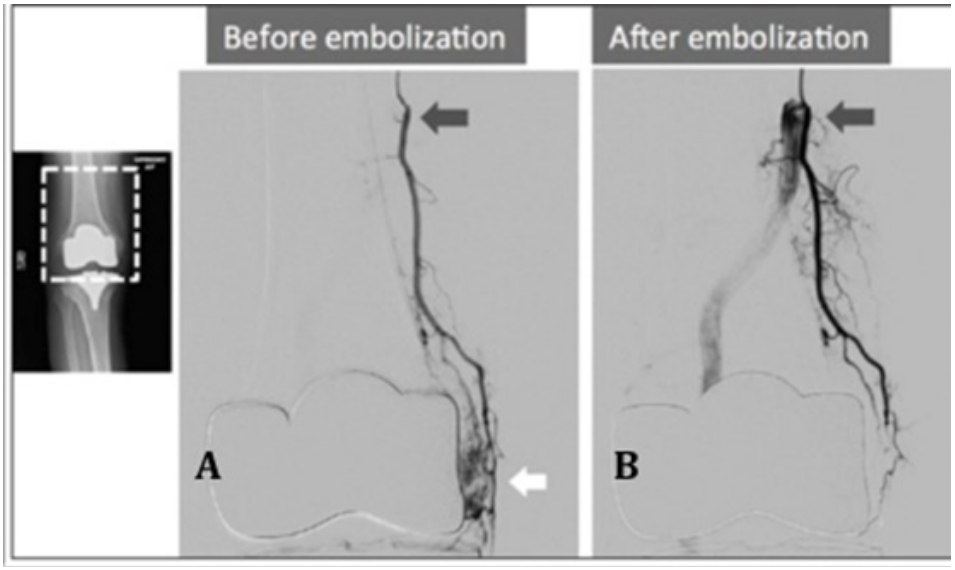
Genicular Artery Embolisation (GAE) has emerged as a novel, minimally invasive treatment for symptomatic mild-to-moderate osteoarthritis of the knee and post-arthroplasty knee pain, and may provide immediate and long-lasting pain relief with improvement in patient function.

Osteoarthritis is a common disease and a major cause of morbidity. It has a rising incidence and prevalence, with data from the 2019 Global Burden of Disease Study[1] showing the number of osteoarthritis cases in Australasia has increased by 116% in the last three decades, from an estimated 1.76 million cases in 1990 to 3.8 million cases in 2019, with the knee being the most commonly affected site. The most recent Australian National Health Survey (2017-18)[2] estimates 3.6 million Australians are affected by arthritis, representing 15% of the total population, the majority of which are likely to be osteoarthritis, the most common form of arthritis.

Treatment for knee osteoarthritis largely depends on disease severity. Treatment for mild and moderate osteoarthritis aims to reduce further joint injury through lifestyle and risk factor modification, involving physiotherapy and muscle strengthening exercise, weight loss, and pharmacologic therapy with paracetamol and topical or oral non-steroidal anti-inflammatory medications for analgesic effect. The role of glucocorticoid injection is controversial. Severe and end-stage osteoarthritis may be managed surgically, including with joint replacement. GAE may be an alternative treatment option for patients with mild-to-moderate osteoarthritis who have knee pain refractory to available conservative therapy but are not yet eligible or willing to undergo joint replacement, and for patients with severe osteoarthritis who are otherwise suboptimal surgical candidates.

How GAE works

Osteoarthritis has long been considered a mechanical 'wear-and-tear' disease resulting from stress-related degeneration of articular cartilage. However, the role of inflammation and pathological angiogenesis in causing symptoms and disease progression in osteoarthritic joints has been established[3-5]. It is now understood that the chronic inflammatory synovitis that occurs with joint destruction drives regional angiogenesis and hypervascularity, which is accompanied by sensory nerve ingrowth along newly formed blood vessels. The resulting innervation of normally aneural periarticular tissues may be an important source of chronic pain and joint symptoms. The GAE technique is based on the theory that embolisation of abnormal synovial neo-vessels, which arise from the genicular arteries of the knee, is a potential target in the osteoarthritic joint to reduce the amount and effects of inflammation on the joint, which includes reducing ingrowth of sensory nerves into periarticular structures and release of pro-inflammatory mediators that exaggerate responses to pain stimuli[3,6].



Dark arrow - genicular artery selected at angiography
White arrow - the hypervascular blush in the synovium in Figure A has been "pruned" by embolisation in Figure B

Who does GAE work for?

Patients with mild - to - moderate osteoarthritis who have pain out of proportion to their radiological findings provide a challenge for general practitioners and orthopaedic surgeons who are faced with patients in considerable pain, often refractory to conservative measures, but without advanced enough changes to justify arthroplasty. GAE may help these patients manage their pain, but it does not appear to alter the natural history of joint degradation, with joint replacement still remaining the gold standard for those with severe osteoarthritis.

The other subset of patients who seem to benefit from GAE are those who have undergone arthroplasty and still have a significant degree of postoperative pain despite routine measures such as physiotherapy.

How GAE is performed

GAE is a day-only, minimally invasive endovascular procedure that can be performed under local anaesthetic with or without sedation. The aim in GAE is to target the abnormal neo-vessel branches of the six genicular arteries that are responsible for the pathological hyperaemia, while maintaining the larger native genicular vessels that supply bone and serve as important collateral vessels in peripheral vascular disease.

Recent published data indicates that GAE is a safe and effective treatment in reducing knee pain from osteoarthritis[3-5]. Available studies include single-arm prospective trials, a retrospective case series, systematic reviews and a meta-analysis. Improvements in pain based on the Western Ontario and McMaster universities osteoarthritis index (WOMAC) or visual analog scale (VAS) scores have been shown in all studies, with early benefits of up to 50% pain reduction seen within one week and being sustained at 24 months across the cohort of studies[5]. Improvements in patient functional status have also been reported.

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Extreme sports can be extremely good for us

by Robin Osborne

Dr Eric Brymer is one of the experts who featured in Risk and Reward episode of SBS television's Insight program.

Photo: SBS Insight.

Tossing up and then largely dismissing such terms as adrenaline junkie, thrill seeker and undue risk taker, Southern Cross University psychologist Dr Eric Brymer, believes because the real motivations of people pursuing "extreme sports" don't conform to our perceptions.

Dr Brymer is no stranger to those people who leap off mountains, surf outsized waves, jump out of planes or free-dive to unbelievable depths.

Working out of SCU's Gold Coast campus, Dr Brymer, the new course coordinator of the Bachelor of Psychological Science with Honours program, shared his expertise with a national audience on SBS television's Insight program in an episode titled "Risk and Reward". The show aired on Tuesday June 21.

'The popular conception for extreme sports participation is risking one's life and chasing the adrenalin rush,' Dr Brymer said.

'However, it's much more nuanced and complex. The overwhelming majority of participants are very careful, calculated and knowledgeable about what they do. One person I know says it's riskier to be driving his car at the mercy of other drivers than it is to do activities he does.

'Why they keep going back for more is not about risk-taking. Instead, participants report deep inner transformations that influence world views and meaningfulness, feelings of coming home and authentic integration as well as a freedom beyond the everyday.

'The single focus required in the moment to start and complete the activity safely, taking account of the surrounding environment, is like a meditation, a dance with nature. You're attuned to the environment to such an extent that you're floating through it.

'Participants report these moments as being transcendent of time, space and body. Extreme sport participation points to a more potent, life-enhancing endeavour.

'I know a 79-year-old base jumper! Calculated adventure activities in the natural environment have benefits for all of us.'

Dr Brymer, co-author of the book Phenomenology and the Extreme Sport Experience (2017), is an internationally recognised adventure psychologist and researcher specialising in understanding and developing high performance skills and wellbeing outcomes. He has a particular interest in the human-environment relationship and the impact of this relationship on performance.

'When I first started researching this phenomenon, there was no understanding of adventure athletes or extreme athletes,' Dr Brymer said.

'Society dismissed them as thrill-seeking personalities, danger-seeking risk takers. I knew it didn't reflect my experience. The people I worked with and coached were very careful, very skilled, very committed. None of the literature at that time reflected the people I knew or worked with.

'Extreme athletes know they can't conquer the natural world. The natural world doesn't know you're there! Mount Everest doesn't know you're on it... Same with big waves, the waves don't know you're on it, they just do their thing.

'At the heart of these activities is challenging the self, about awakening our perceptions. There is a sense of freedom and clarity when our perceptual capacities are awoken to their full capacity. Travelling at a few hundred kilometres an hour, these people's visual acuity is heightened so they see the detail in the rocks, the waves, the colours, the shades, the nooks, the crannies.

'I believe modern living, with its removal of us from the natural environment, has dulled our senses, to the detriment of our mental wellbeing.'

Photo by Sylvain Mauroux on Unsplash

Laneways

by David Guest

"Someone should tell self-important anti-gun doctors to stay in their lane. Half of the articles in Annals of Internal Medicine are pushing for gun control. Most upsetting, however, the medical community seems to have consulted NO ONE but themselves."

National Rifle Association tweet of 8 November 2018

This tweet by the NRA from almost four years ago riled many American doctors involved in trauma care. It was made in response to **the American College of Physicians policy statement, Reducing Firearm Injuries and Deaths in the United States** which deemed gun violence a "public health crisis" that "requires the nation's immediate attention."

It gave rise to the hashtag #ThisIsOurLane which sought amongst other things to end the 1996 **Dicky amendment** prohibiting the Centers for Disease Control and Prevention (CDC) from funding research into gun control. Similar research on automotive deaths and cigarette consumption had previously led to changes in public opinion, the law and ultimately reduced premature deaths.

The Australian gun law reform that resulted from the Port Arthur Massacre of 1996 is frequently cited as a successful demonstration of what can be achieved. It has contributed to the **three fold decline in gun deaths** from the early nineties.

The MJA published the paper **Gun violence in Australia, 2002–2016: a cohort study** in September 2021. It identified two major trends for further public health attention, specifically that, "Self-harm injuries and deaths were more frequent among older people, men, and people living outside major cities" and that "assault-related injuries were more frequent among younger people, men, and people in major cities."

Health professionals have a right and a duty to protect the public from gun related injuries. **NSW health legislation** imposes duties on health professionals to **notify police** if they have a patient with access to firearms and whose mental health deteriorates to the extent that they are at risk of suicide or assault with a deadly weapon.

Medical practitioners have responsibilities to the public, and not just to the patient, that extend beyond the clinic and hospital. This is both an ethical and legal requirement.

* * * * * * *

It seems like a lifetime ago but in August 2021 Dr Simon Holliday, a GP and director of the Taree Respiratory Clinic, spoke to his local paper the Manning River Times about the coming COVID-19 epidemic. He foreshadowed that **Covid on the Mid North Coast was "not a risk, but a certainty"**. While exasperated by some over-60s seeking a Pfizer vaccination, which was not authorised in that age group at the time, it was misinformation about vaccination that most concerned him.

"People who have been getting their information from Sky News and some of the extremists in the Liberal/National parties, and getting their information from Facebook, unfortunately they're putting themselves in a terrible position.

"We're doing all we can to help those people get to a safe position but people have got to get their feet on the ground, get their head out of the internet, and stop listening to these people, who are evangelical, talking nonsense with conviction.

"There are a lot of people who are foolish, who believe bizarre things. We can't let those people indirectly cause death and illness in our community.

"Unfortunately, you can't vaccinate against foolishness," Dr Holliday said.

Dr Simon Holliday

Vaccination at that time was the only therapeutic option Australia had for limiting the disease severity and spread, and anti-vaccination theories were being promulgated by Liberal MP, Craig Kelly and Nationals MP, George Christensen.

Dr Holliday's remarks were aimed at saving the lives of those prevaricating about having the vaccination.

It was therefore with some surprise that two months later he was contacted by the NSW Health Care Complaints Commission (HCCC) saying it had upheld an anonymous complaint that he had made "judgmental and unprofessional comments about Liberals over 60".

Part of the complaint read, "He is a doctor and his comments about Liberals over 60s is unprofessional and divisive," the complaint alleged.

"We live in a democracy not a dictatorship so regardless of doctor Hallidays (sic) medical profession he is not allowed to dictate and police the communities political choices."

The HCCC warned him to be "mindful about maintaining constructive and

professional communication" and to "reflect on and improve your practice".

The HCCC did not request Dr Holliday to respond since it had sufficient information to make its findings and stated that no further action would be taken against him.

As the responses to the article describing the event in Australian Doctor magazine revealed, **the profession was furious**. The complainant had concatenated a number of allegations that were simply untrue and the complaint should have been dismissed at an early stage.

Nearly all comments supported or praised Dr Holliday for his actions in stating the dangers that medical misinformation entailed and some found the comment "to reflect on and improve his practice" demeaning and patronising.

In a **follow up article**, Dr Craig Lilienthal, a GP and medicolegal adviser, was appalled that the HCCC had departed from its usual practice of informing the complainee of the allegations and seeking a response before coming to a determination. In Dr Lillienthal's words, Dr Holliday was "hung, drawn and quartered before he had even heard about the complaint."

It would seem the HCCC has become somewhat activist in a modern cause of allowing all views on matters to be given weight. While medical knowledge may evolve over time, it is constrained by **scientific method**. If society accepts a scientific approach to medicine it is reasonable to criticise non-scientific views as "bizarre", particularly when they put others at risk of death.

The complainant misconstrued the facts, added some false allegations and took offence at his construction of the events. That is his right but there is no obligation by Dr Holliday to accede to it. It is not an offence to offend someone, let alone to criticise some fanciful fabrication of reality.

One might, generously, ascribe the HCCC's position as acting to prevent the profession being brought into disrepute. That's as may be, but there is no justification for this in Dr Holliday's case. I am sure Dr Holliday has indeed "reflected" on his practice, as have many in the profession now - and we find it exemplary.

The HCCC is advising us to "stay in our lane" but once again we have an ethical duty to do the best not only for our direct patients but also for society at large.

The Health Care Complaints Commission might be advised to reflect on its own behaviour and in so doing decide that Dr Holliday is owed an apology.

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SCAN ME
Aurora

Vale Dr Norman James Rogers

NorDocs notes the passing in June 2022 of Dr Norman Rogers,a GP / obstetrician / surgeon in Lismore from the early 50s until 1984. Norm was the Government Medical Officer for many years and was frequently called upon in this capacity to visit the police cells and perform post mortems at Lismore Base Hospital.

He was active in local medical politics, being a Board member of both St Vincent's and Lismore Base Hospitals. He served on the Board of the North Eastern Medical Association, the local branch of the British Medical Association, prior to the establishment of the Australian Medical Association.

He had a long term interest in medical education and was instrumental in founding the Richmond Valley Clinical Society in 1984.

He was a keen cricketer and golfer. In his later years he retired to a house on the river at Ballina and took up sailing.

He was predeceased by his wife Marie and is survived by his eight children and many grandchildren and great grandchildren.

Norm worked hard to foster goodwill between local doctors and it was at least partially through his efforts that Lismore developed a reputation as a collegial medical community.

NSW Auditor-General costs COVID-19 at $7.5B

The staggering financial impacts of the first 18 months of the COVID-19 pandemic have been totted up by the NSW Auditor-General's office which has found $7.5 billion was spent by state government agencies on health costs and economic stimulus.

Despite the Federal Government's claims – trumpeted during the election Campaign – to have successfully shepherded Australia through the pandemic, the NSW Government's response was largely funded by its borrowings.

The costs do not take into account the huge effects on businesses, personal incomes and other measures related to infections, lockdowns and the like.

COVID-19: response, recovery and impact was released by the Audit Office of NSW on 20 May 2022. Along with detailing the NSW Government's outlays between January 2020, when COVID-19 hit NSW, and June 2021, the report examines case numbers which at the time were considered alarming.

Today, they seem mere blips on the radar.

Between the diagnosing of the first three NSW cases and 30 June 2021 a total of 5,637 cases of COVID-19 were reported (including 56 deaths).

On 18 May 2022, when many people (but not public health officials) were suggesting, or perhaps just hoping, that the pandemic was largely behind us, a daily total of 10,934 notifications was recorded (22 deaths), and this was about the seven-day average.

Of course such numbers pale in comparison with global totals, not to mention the economic costs. According to the **WHO's 'Situation Report - 29 June 2021'**, cumulative global cases on COVID-19 exceeded 180 million, with almost four million deaths.

The first fortnight of May 2022 recorded nearly eight million cases.

The A-G's report draws together the financial impact of COVID-19 on the agencies integral to responses across the state government sector of New South Wales. The key areas of spending since the start of COVID-19 in NSW to 30 June 2021 were:

- direct health response measures – $2.2 billion
- personal protective equipment – $1.4 billion
- small business grants – $795 million
- quarantine costs – $613 million
- increases in employee expenses and cleaning costs across most agencies
- vaccine distribution, including vaccination hubs – $71 million.

'The COVID-19 pandemic significantly impacted the financial performance and position of state government agencies,' it notes.

'Most agencies had expense growth, due to additional operating requirements to manage and respond to the pandemic along with implementing new or expanded stimulus programs and initiatives.'

The disease's spread and consequent impacts were made worse by the delay between detection (25 January 2020) and the commencement of vaccinations (more than a year later, on 21 February 2021). By 31 December 2021, 25.2 million PCR tests had been performed in NSW and 13.6 million vaccines administered, with 93.6% of the 16 and over population receiving two doses.

Winter is not coming, as they say in Game of Thrones, but now upon us, as is COVID-19 and seasonal flu. The costs, both personal and economic, are likely to remain high.

Major parties seem lukewarm about regional health inquiry

by Robin Osborne

In a **media release** claiming to 'welcome' the findings and recommendations of the newly released parliamentary Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales the NSW Government thanked those who participated in the process, including doctors who had **accused public health officials of covering up avoidable deaths** in regional NSW hospitals.

The Minister for Regional Health, Bronnie Taylor said the Inquiry 'shone a light where it needed to, hearing directly from rural and regional communities, patients, their families and healthcare workers... The NSW Government has listened and accepts that there is a need to do more to improve patient care in regional and rural locations.'

However, the Perrottet-led government – which includes Nationals' MPs representing areas where the performance of health facilities was strongly criticised – immediately ruled out accepting the inquiry's recommendations for a Rural and Remote Health Commissioner, minimum required staffing levels at regional hospitals and improved nurse-to-patient ratios.

> *"The committee has found that there is a culture of fear in relation to employees speaking out and raising concerns and issues about patient safety, staff welfare and inadequate resources."*

In the final report's introduction the inquiry chair Greg Donnelly, a Labor MLC, said, 'On the issue of nurses and midwives, the evidence has shown a disconnect between the reality of the daily challenges faced by them working in rural, regional and remote areas, and NSW Health's perception of the situation.'

While noting the inquiry had raised 'serious concerns about the governance of the health bureaucracy in this state,' he and his co-ALP Member joined forces with their three political opponents (two Liberals, one Nationals) to reject these recommendations. The Members from the minor parties (Greens and Animal Justice) disagreed.

Also rejected was a classification scheme for rural and remote health facilities that would establish minimum required staffing levels at each level of facility based on population catchment size.

Emma Hurst MLC (Animals) offered a dissenting statement: 'Overall, this report falls short on its commitment to the health of people in rural, remote and regional NSW... [it] is largely comprised of weaker recommendations which I am concerned will not lead to any substantial change. The people of rural, remote and regional NSW deserve better.'

The Greens' Cate Faehrmann MLC noted her generally 'strong support' and 'sincerely hoped' the government would use the findings and recommendations to reform the system.

However, she was deeply concerned about nursing and midwives' staffing numbers and the refusal to appoint a Rural and Remote Health Commissioner to report to the Minister through a board comprised of representatives of rural and remote communities including residents, general practices, local government, community and First Nations organisations.

NSW Health Minister Brad Hazzard would not be drawn into commenting, leaving government responses in the hands of Mrs Taylor: 'To those who shared their deeply personal experiences, thank you. The NSW Government has listened and accepts that there is a need to do more to improve patient care in regional and rural locations.'

The 293-page **final report**, released on 5 May, made 22 findings and 44 recommendations for improvement, including a review of regional maternity services, a palliative care taskforce, improvements in patient transport services (IPTAAS), and treatment for First Nations people and cancer patients.

> *"On the issue of First Nations people's experiences with health services, the evidence was that factors such as discrimination, racism, poor experiences with healthcare professionals, lack of transport, and the lack of affordable and culturally appropriate healthcare services contribute to a reluctance by some First Nations people to seek medical assistance."*

Specifics included –

• That NSW Health and the rural and regional Local Health Districts actively engage with local community groups and charities to understand the services and resources they provide, and to ensure that where possible and appropriate, service gaps are filled by government.

• That NSW Health work with the Australian Government and the Primary Health Networks to expedite the implementation of a single employer model

for GP trainees across rural, regional and remote New South Wales.

• That NSW Health work with the Australian Government, the Primary Health Networks, the university sector and the specialist medical colleges to increase rural GP and specialist training positions…

• That NSW Health work with the Australian Government collaboratively to immediately invest in the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy.

• That NSW Health acknowledge the significant cultural barriers that telehealth poses for First Nations communities and work to ensure face-to-face consultations are prioritised.

• That NSW Health, in conjunction with The Australian and New Zealand Society of Palliative Medicine, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Aboriginal Health and Medical Research Council of NSW urgently establish a palliative care taskforce…

• That Portfolio Committee No. 2 – Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote New South Wales in the future.

• That the rural and regional Local Health Districts, and those metropolitan Local Health Districts that take in regional areas of the state, review their maternity services in order to develop plans for midwifery, GP Obstetrics, specialist Obstetrics and newborn services.

The inquiry urged the government to publish its evaluation of the 2021 rural health plan, and recommended another inquiry into regional health in two years' time to monitor progress.

Regardless of the notable exclusions, it is clear that after two years' work, and considerable pressure from health insiders, patients and families/friends, and the media, notably The Sydney Morning Herald, the tiger has at last roared. It remains to be seen whether it will have bite or be as toothless as many an inquiry before it, and perhaps the one to follow in two years' time.

Continuing crisis in GP land

There's nothing new about the latest concern over the rising demand for GP services and the concurrent lack of practitioners available to meet it.

In fact, the problem was flagged more than two years ago in a **report** by Deloitte Access Economics for Cornerstone Health Pty Ltd, which found that there will be a 37.5% increase in the demand for GP services between 2019 and 2030 and a shortfall of 9,298 full-time GPs or 24.7% of the GP workforce.

The General Practitioner Workforce Report 2019 made the issue clear to see and no one has convincingly refuted it since.

Perhaps it took a change of Australian government to bring the issue back to the table, raised this time by the Royal Australian College of General Practitioners (which welcomed the then-Opposition's plan to invest $970 million in general practice care in communities across Australia).

The College has added some figures of its own, for example only 1394 medical graduates applied to do GP training in the latest intake, a 30 per cent drop from almost 2000 applications in 2017.

'One of the determinants of the shortfall,' Deloitte's said, 'comes about because of limitations on the number of overseas trained doctors permitted to work in urban areas. The diversion of overseas trained doctors to rural, remote and regional areas will have unintended consequences for patients' access to healthcare in urban areas.'

It seems Canberra can't get it right, whatever it encourages.

'We are at serious risk of running out of GPs,' said RACGP president Dr Karen Price.

'Young graduate doctors have so many choices, but it is not attractive to them to pursue a career in general practice.'

The number of young doctors choosing to specialise in general practice has fallen to its lowest level in more than five years, a trend doctors warn will push primary care further towards the brink of collapse.

Dr Price noted that COVID-19 had put the brakes on overseas doctors applying for training but the number of applications submitted to the college has been declining for years.

'We have a big workforce issue and general practice has suffered. The system is on the verge of collapse because of a lack of investment in primary care,' she said.

Various reasons are suggested for the problem, including Medicare cuts that push GPs to practise "faster medicine" or charge a gap fee, which families on the poverty line can't afford.

Another problem, some say, is the lack of GPs teaching at universities, resulting in general practice often being portrayed poorly during medical school and hospital training.

However, a federal health department spokesperson said while COVID-19 had affected the arrival of international doctors, overall numbers have not fallen significantly, adding that, 'The Australian General Practice Training program provides funding of over $200 million every year to support high quality training for GP registrars.'

Specialist Intellectual Disability Health Services available

It is estimated that approximately 1.3% of the population of NSW have an intellectual disability (ID), with an estimated 3900 people with ID living in the Northern NSW Local Health District. It is widely recognised that people with Intellectual Disability experience more complex and chronic health issues, poorer health outcomes and lower life expectancy than the general population.

Northern Sydney Intellectual Disability Health Service (NSIDHS) is part of a statewide initiative to improve health outcomes and support people with intellectual disability. The service includes a number of specialised intellectual disability health teams, supported by a network of specialised ID clinicians (SIDCs) located in Local Health Districts across NSW. The NSIDHS works alongside the SIDCs in the Mid North Coast and Northern NSW regions, to deliver outreach services to these areas. The Northern NSW SIDC is Michelle Gray (Social Worker).

The NSIDHS is focussed on finding new and innovative ways to work with consumers, carers and clinicians to improve the health care experiences and outcomes of people with intellectual disability and to reduce health disparities for this population. They are also passionate about challenging the stereotypes faced by people with intellectual disability, particularly related to behaviours of concern, decision making and quality of life.

The NSIDHS medical team is headed by Dr Seeta Durvasula, who has been consulting in intellectual disability medicine for more than 25 years. Seeta is the Clinical Director of NSIDHS and is also a Senior Lecturer in Developmental Disability Health. Seeta is joined by Dr Yvette Vella, a Developmental and General Paediatrician who has expertise in managing complex behaviours of concern in children and adolescents with ID and autism. In addition, the service has a clinical nurse consultant, social worker, psychologist, manager and administrator.

As a consultative service, NSIDHS works in collaboration with the treating doctor/team to provide support in the treatment and management of children and adults with an ID diagnosis and a current complex and unmet health concern, in both community and inpatient settings.

The service can provide:

- Comprehensive health assessments (with detailed report and recommendations)
- Joint consultations
- Case discussions
- Clinical advice (via telehealth, and face to face) - including strategies to manage behaviours of concern, and reasonable adjustments that health professionals and health services can make to improve the experiences and health outcomes of people with ID accessing services.
- Capacity building and education opportunities for health staff and General Practice teams.

Pictured l-r are Dr Yvette Vella – Paediatrician ; Rebecca Stack – Clinical Nurse Consultant; Leah Ballin – Psychologist; Emma Barr – Manager; Dr Seeta Durvasula – Adult Disability Physician/Clinical Director; Jeanine Spratt – Administrator; Absent: Nicola Guy – Social Worker and Catherine O'Hea – Clinical Nurse Consultant.

The Role of the SIDs

The role of the SIDCs is to support local clinicians and clinical teams caring for people with ID within Hospital, Community Health, Mental Health and Primary Health services (GPs) across the region. The focus of the position is to enhance the health care experience and improve health outcomes for people with ID.

SIDCs will provide consultation and advice on management of people with ID in health care settings, such as:

- Suggestions/strategies for reasonable adjustment to better meet the needs of people with ID accessing all health care services
- Supporting clinicians to build confidence and skills in working with people with ID
- Assisting health staff to identify pathways and services for people with intellectual disability
- Attending case conferences/reviews
- Supporting complex discharge planning for people with ID, especially those who have changed support needs. This enables cross sector communication and collaborative health care management
- Supporting the referral process for complex patients to specialist ID health services, if required, for eligible clients with a high level of complexity or unresolved health issues.

The position also supports the specialist team in developing and delivering outreach services in the District.

What do we hope to achieve together?

Together we can:

- Increase NSW health staff and GP practice teams' understanding of complexities in ID health
- Improve the knowledge, experience, skills and confidence of health professionals working with people with ID
- Improve access to healthcare and health outcomes for people with ID
- Improve the healthcare experience for people with ID
- Reduce the likelihood of diagnostic overshadowing
- Challenge stereotypes and reduce stigma experienced by people with ID

Who can access NSIDHS outreach service?

Anyone living within the Northern NSW Local Health District who has:

- An intellectual disability; and
- A complex and unmet health need that cannot be met by usual care.

For local referrals or enquiries:

Northern NSW Local Health District
Contact Michelle Gray
Michelle.Gray@health.nsw.gov.au
Ph: (02) 6623 0586 or 0447 627 391

Northern Sydney Intellectual Disability Health Service

NSLHD-intellectualdisability@health.nsw.gov.au Ph: (02) 8968 3425

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  - Minimally Invasive Valve Surgery
  - Aortic surgery
- **Structural Heart**
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  - MitraClips (TMVR)
  - Patent Foramen Ovale (PFO) closure
  - Atrial Septal Defect (ASD) closure
  - Left Atrial Appendage closure (LAA)
- **Cardiology Procedures**
  - Coronary Angiograms
  - DC Cardioversion (DCCV)
  - Transesophageal echocardiogram (TOE)
- **Interventional Cardiology Procedures**
  - Fracitional Flow Reserve (FFR)
  - Instantaneous Wave-Free Ratio (IFR)
  - Intravascular Ultrasound (IVUS)
  - Optical Coherence Tomography (OCT)
  - Intra Cardiac Echo (ICE)
  - Rotablation (artherectomy device)
  - CT of Coronary Arteries (CTCA)
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  - Ablation (including 3D mapping)
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  - Implantable Loop Recorder

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Dr Cheng He P 5353 2000
Dr Sylvio Provenzano P 5530 0770
Dr Andrie Stroebel P 5655 0107

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Gold Coast Private Hospital

Dr Michael Greenwood P 5618 5508
Gold Coast Private Hospital

Dr Vijay Kapadia P 5510 2501
Gold Coast Private Hospital

Dr Paul Klaassen P 5525 1953
Robina & Lismore

Dr Tony Lai P 5586 5305
Gold Coast Private Hospital

A/Prof Ross Sharpe P 1300 912 345
Gold Coast Private Hospital

Prof Kuljit Singh P 5525 1953
Gold Coast Private Hospital

Cardiologists

Dr John Bou-Samra P 5613 2363
Gold Coast Private Hospital

Prof Jonathan Chan P 5618 5511
Gold Coast Private Hospital

Dr Kang-Teng Lim P 5618 5518
Gold Coast Private Hospital

Dr Robert Park P 5525 1953
Gold Coast Private Hospital

Dr Matthew Rowe P 5530 0770
Gold Coast Private Hospital & Ballina

* information accurate as of 05.04.22

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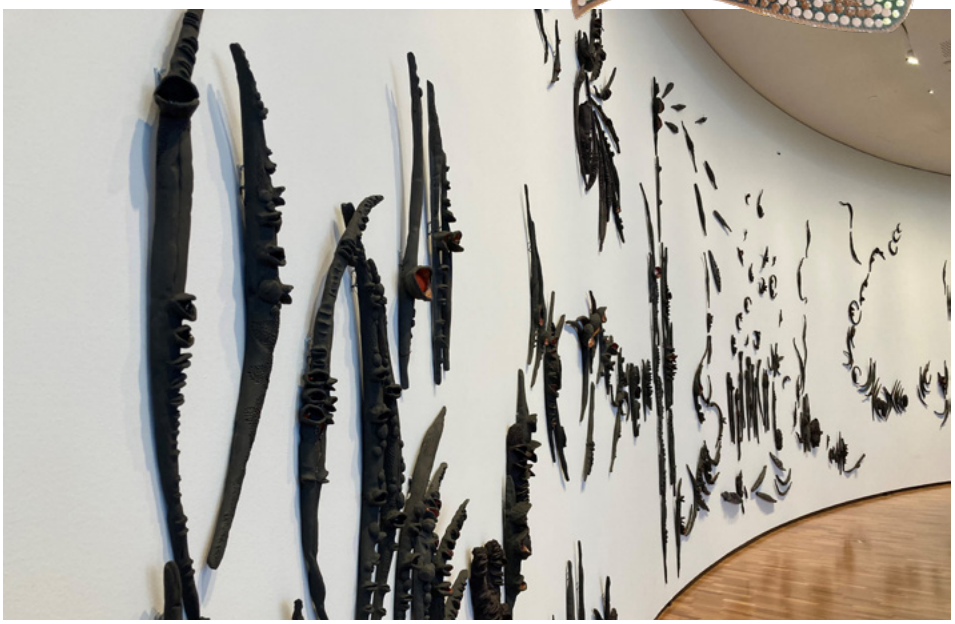
Penny Evans (from Autumn 2016 GPSpeak)



gudhuwali/Burn 2020-21

terracotta and black clays, black slip, pooling glaze and underglazes
Penny Evans
K/Gamilaroi people
Born K/Gamilaroi Country/Sydney NSW 1966, lives and works Widjabul Wia-bal Country/Lismore

In 2016 this magazine, then called GPSpeak, profiled Gamilaroi ceramic artist **Penny Evans** whose superb works such as bowls and decorative pieces had already won her a reputation as a major creative talent.

Since then her practice has won further acclaim, culminating in a major work commissioned by the National Gallery of Australia for the 4th National Indigenous Art Triennial: Ceremony [until 31 July].

The extraordinary installation, consisting of 280 fire-affected banksia forms in clay, sprawls dramatically across a curving wall at the entrance point to the **exhibition** inside.

'Ceremony is testament that our culture has survived,' writes exhibition curator Hetti Perkins, 'not only over the many thousands of years but, particularly, the last couple of hundred years – because of its capacity for innovation and adaptability.'

The notes to Penny Evans' installation notes, 'Before colonisation, First Nations peoples engaged in a complex system of landcare that included selective clearing of vegetation and low temperature burning. These practices prevented bushfires and promoted the reproductive cycle of plants that require fire and/or smoke for germination, such as banksia. The massive wildfires that occur with increasing frequency are a direct result of this disrupted practice and the effects of climate change.'

The work was commissioned by the National Gallery of Australia for the 4th National Indigenous Art Triennial: Ceremony with the support of Pamela Pearce and Wally Patterson through the Patterson Pearce Foundation.

Penny Evans explains:

Clay in the ground. We are Country too. We embody it. It's in us. We are part of it. I'm drawing with clay, and it's like a language on the wall.

There'd been a massive fire through [Yuraygir national park in Yaegl] country in

2015. I spent a lot of time in that place over the following years. There were banksia in the differing neighbouring ecologies that I was walking through.

There were different species of banksia in different stages of breaking down, and while some were really severely burnt, others were in pockets that weren't burned. I felt like they were talking to me. [The bushfire aftermath] echoes the different levels and layers of how our people have been impacted by colonisation.

People who have been at the brunt of it, the brunt of the massacres, and the complexity of the effects of all the other manifestations of colonisation.

The Bookshelf

Diagnosis Normal

Emma A. Jane

Ebury Press/Penguin Random House

313pp

by Robin Osborne

Of the many entertaining, shocking and insightful words in Dr Emma A. Jane's remarkable memoir this short sentence aptly summarises the author's situation: 'My mind is never quiet.'

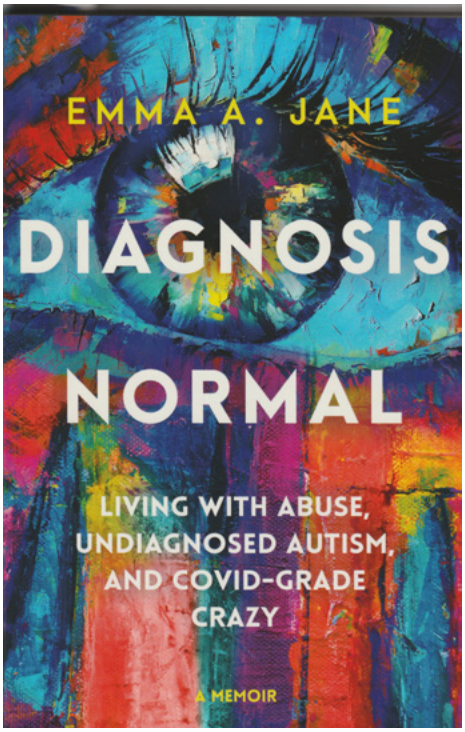
Big understatement.

Emma Tom, as she then was, worked as a journalist at The Northern Star in Lismore in what seems a halcyon era before the Murdoch organisation shut down its regional newspapers. Despite trepidations, she learned the trade well before moving to Sydney and into the big league, joining The Sydney Morning Herald and gaining a reputation for fearlessly undertaking quirky, often daring, assignments.

These included a nude interview with American porn star Annie Sprinkle in a ginseng bath house ('the blurry little tattoo near the left of her pubic hairline formed the initials of the dude who made Deep Throat') and joining a cheerleading squad where she 'eventually performed with my new crew in front of 20,000 screaming football fans at a rugby league match.'

Many journalistic insider tales were not reported on, as when colleagues drank flaming sambucas, not realising they should be extinguished before the shots could be slammed: "At one point, I looked around and everyone was either burned or burning,' Jane recounts.

'Several people required hospital treatment and the elderly wife of a senior staffer went home with a broken nose. Not because of the sambuca slammers but because an editor had head-banged too hard to the house band.'



Later she was poached by The Australian after a meeting at the Murdoch family mansion where Lachlan, a motorbike fan, was impressed when the author arrived wearing leathers on a 245cc yellow Yamaha.

Her first column featured a lavish lunch with One Nation co-founder David Oldfield. The striking, pint-sized blonde – typecast in that way – moved on to a succession of controversial topics, including a bondage school, 'road testing' a male gigolo and being tattooed by a former circus freak. As she makes clear, and an accompanying photo proves, most of her 'bodily real estate' is now marked with tattoos and piercings.

In her other life she played guitar in a punk band and revelled in an active, unconventional sex life. That and more was the Emma Tom the world came to know about and gasp over. Less known, except to close friends, was the story of the young girl who had been sexually abused for years by a close male friend of her family on the north coast. A man who, typically, threatened her with dire consequences if she breathed a word about what he was doing.

As she discusses at length, framed within a context of female objectification and power imbalance, her early life experiences even encouraged her to change her name, hoping that expunging the past – her abuser, even her family – would enable her to reinvent.

'I wanted a family name more representative of the people with whom I shared actual familial bonds. Also, 'Emma Jane Tom' was the broken girl who'd been sexually abused. 'Emma Alice Jane' was the grown-up person emerging from the wreckage.'

This 'new' person, still highly unconventional, is the mother of a teenage girl, a successful academic with a PhD, the author of a number of books, including this deeply personal one, a cancer survivor and, not least because of her background, a thoughtful analyst of the impacts of child sexual abuse, 'conveniently abbreviated to CSA'.

'Academic jargon bears little similarities to real-world experience. It's how we're expected to write and is sometimes necessary for precision, but it sanitises and distances... Here then, is my best shot at explaining in plain English what the research says about the impacts... of CSA on the average human.

'Short version: child sexual abuse can affect all aspects of a person's life for their entire life. This includes mental and physical health, interpersonal relationships, identity, and socio-economic wellbeing. Some problems are apparent immediately while others – potent 'sleeper effects' – emerge over time.

'Further, it can kill you.'

The longer version takes up more than a page, ranging across self-harm and mutilation, PTSD, school and sleeping issues, and 'socially inappropriate behaviour'. Considering whether child abuse caused her cancer, she answers no, but says it would equally be wrong to conclude the two aren't potentially connected.

She adds, 'One of the most common outcomes of trauma is avoidance, and medical settings are triggering. As a result, people in the direst need of professional help may avoid seeking it – presuming, of course, that risky behaviour hasn't derailed their lives to the extent that such help is even affordable.'

She notes that an unexpected discovery about surviving 'Carcinomaville' is that 'while you might not be dead, you might never again be well. In my case, the collateral damage caused by treatment was substantial. Some of it will be permanent.'

The residuals include a ravaged immune system, extensive bodily warts, chronic neuralgia, lymphoedema and of course the psychological impacts, not helped by her autism and ADHD.

This is a wild ride through contemporary sexuality, journalism and academia, gender discrimination and sexual abuse, parenthood and significant illness. While no doubt a useful catharsis for the author this memoir, sub-titled 'Living with abuse, undiagnosed autism, and Covid-grade crazy', also shines a valuable spotlight on a too-often-hidden issue of great social importance.

Wisdom of the Elder

Boosting Defences

by Helen MacRitchie, Oxfordshire UK and Sydney NSW.

Merino wool, yarn, beads, embroidery thread, wet felting, knotting, natural dyeing, free machine embroidery. Exhibited in Connection Point: Contemporary established fibre textile artists of ACT and NSW, Canberra Museum+Gallery.

It is no coincidence that Helen MacRitchie's extraordinary creation closely resembles a human cell, although which one would be difficult to gauge. Her artist's statement gives the game away: 'Merino wool roving and yarn have been dyed green naturally with elder leaves and felted to depict a human cell. Boundary defences are wrapped and barbed to protect cellular contents and a nuclear nest.'

The artist goes on to explain that 'The medieval Doctrine of Signatures [c 16th century, claiming that herbs resembling various parts of the body can be used by herbalists to treat ailments of those body parts] believed that the Elder tree treated many ailments because its fruit resembled the affected body parts.

'This strange reasoning aside, pulmonary and cardiovascular systems do benefit from the antioxidants in elderberries helping to maintain our immune system.'

The assemblage, certainly of value to the viewer's eye, was part of an accomplished group of works in the recent exhibition, Connection Point - Contemporary established fibre textile artists of ACT and NSW, in the national capital's downtown Canberra Museum+Gallery.

The show highlighted fibre textile art, ranging from wall hangings to clothing, chosen from CMAG's own collection, alongside works from ACT and NSW textile artists. Twenty artists from each territory/state were represented.

University of Wollongong medical students give back

Students on regional placement help with flood clean-up on North Coast

By India Glyde for The Stand

stand.uow.edu.au

A team of University of Wollongong (UOW) students have been working to help their adopted community in the wake of disaster

Eye-opening. Challenging. Heartwarming.

Those were the words used by Gabriella Marriott, Hannah Gibbs, and Lana Morini, students from the University of Wollongong's (UOW) Doctor of Medicine program, to describe the scenes unfolding on the NSW North Coast, in the wake of the flooding that devastated communities earlier this month.

Gabriella, Hannah and Lana are part of 10 (MD) final year medical students embedded within the Lismore and Ballina community as part of their year-long rural placement.

Back- Bruce Wilson, Matthew Andersen, Viktoria Wing, Chanelle Granzien, Zachary Wilson, Jesse King
Front- Gabriella Marriott, Matthew Collocott, Hannah Gibbs, Svetlana Morini

Based at hospitals, GPs, and health services throughout the region, the cohort were witnesses to the tragedy that took place as torrential rain pummeled the North Coast in early March. And, during the flooding and its aftermath, which still continues weeks later, they all pitched in to help without a moment's hesitation.

"During the flooding, several of us helped at the evacuation centres in Ballina and Goonellabah [just outside Lismore]. Ballina District Hospital was evacuated to a makeshift hospital set up at the evacuation centre, which was at a nearby school," Gabriella said.

"We helped with handing out food, organising beds for those displaced, providing first aid, and assisting doctors and nurses at the centres." - Gabriella Marriott

"It was a unique setting with the hospital downstairs and the evacuation centre upstairs."

When the floodwater began to recede, the students pitched in with the local community to help residents wade through the wreckage and begin the arduous and ongoing job of cleaning up.

"We banded together and knocked on doors in affected communities south of Ballina, which had been cut off for several days without any assistance. We helped to move heavy furniture, remove soggy carpets, and discard destroyed possessions. It was heartbreaking to see how much had been damaged," Hannah added.

"One of our fellow students also lost their accommodation during the flooding, so we helped to move their possessions, too."

Rebekah Hermann, Clinical Placement Facilitator at UOW's Lismore Hub, said she was proud of the way the students dropped everything, and interrupted their own placements, to help in the community.

It highlighted the strong community connections forged during regional placements, and how spending a year in a regional or rural area can be a transformative experience for senior medical students.

"The students have been here since last July and they have really settled in well to the community," Ms Hermann said.

"I've been so impressed by their willingness to not only look after each other, but also the wider community. As the

situation was unfolding, they reached out and said 'how can we help?'. They gave up their personal time and reorganised some placement and learning activities to do whatever they could to help.

"This whole event has really demonstrated the value of having students integrated into the community over a period of 12 months. Students don't just get clinical experience and knowledge, they become well-rounded doctors who are an integral part of the community."

Lana said the students were compelled to do what they could to help out members of the community, although it has, at times, been a confronting experience. They wanted to give back to the community that has welcomed them with open arms.

"It has been soul crushing to watch the flooding devastate so many lives across the Northern Rivers, however, through the heartbreak, a true sense of camaraderie and community spirit has prevailed," Lana said.

"In the initial aftermath of the flooding in Lismore, we all felt a sense of dedication to this community that we are lucky enough to call home for the year.

"We knew that there were so many communities that would require physical assistance in the immediate aftermath, so we swapped out our stethoscopes for gumboots, old clothing, and sunscreen, and headed out into the mud.

> *"We thought that that would be where we could help most at this moment in time." - Lana Morini*
>
> *"It has been quite an eye-opening, challenging, and also heartwarming experience," Hannah added.*

"We have seen elderly and frail community members hold onto possessions they hold dear, yet that have been damaged by flood water. We've smelled the stench of mouldy carpet. We've heard stories of harrowing rescues. And we'll continue to listen and help in the months ahead as the community rebuilds following this traumatic time."

Anyone still looking to provide support to the region following the floods, can do so by visiting: **www.redcross.org.au/floodappeal/**

*On the NSW North Coast, the UOW medical program operates in partnership with the University of Sydney and Western Sydney University as part of the North Coast Medical Education Collaboration. **https://www.uow.edu.au/the-stand/2022/uow-medical-students-give-back-.php**

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