

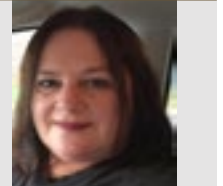


April 2025

Newsletter

Find Us On
facebook 

RDMA's Executive Committee

Alka Kothari
PresidentGeoffrey Hawson
Vice PresidentEugene Lim
TreasurerPeter Stephenson
Committee MembersWayne Herdy
Committee MembersKimberley Bondeson
Committee Members

Step through the doors of Franklin House and embark on an unforgettable journey into Tasmania's colonial past-a place where every room and garden path tell a story of ambition, education, and transformation.



Built in 1838 by Britton Jones, a former convict turned brewer and publican, Franklin House stands as a testament to redemption and enterprise.



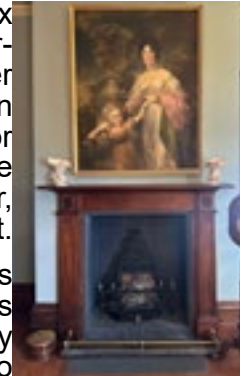
Originally conceived as a gentleman's residence, it soon became one of the colony's most prestigious private schools under the guidance of W.K. Hawkes, whose Classical and Commercial School shaped generations of young Tasmanians.

From the moment you arrive, the stately Ionic portico and the charming Tasmanian veranda invite you to explore a world where Georgian elegance meets local character. Step inside to discover interiors meticulously furnished to reflect 19th-century life: period pieces, authentic artifacts, and clever architectural features such as folding door partitions and original window shutters still in working order. The recreated schoolroom-with its 19th-century pine desks and original flooring-immerses visitors in the daily routines of Hawkes' Academy, while life-sized mannequins and engaging displays bring the past vividly to life.



Franklin House is more than a museum; it is the birthplace of the National Trust in Tasmania, saved from demolition in 1960 by passionate locals who saw its historical value. Today, dedicated volunteers keep its stories alive, welcoming visitors to wander the house and its lush, extensive

gardens. Here, you can relax under the shade of a 180-year-old oak tree, stroll through flower beds and the Victorian kitchen garden, or let children hunt for "Patrick's Pails," inspired by the house's 19th-century gardener, Patrick Lambert.



For students, Franklin House offers immersive school excursions led by retired teachers, directly



linked to the Australian History Curriculum. Children experience first-hand how life and learning unfolded in the 1800s-exploring the schoolroom, playing old-fashioned games like quoits and croquet, and discovering the ingenuity of early Tasmanian settlers.

These tours can be tailored for all ages, making history accessible and engaging for every group.

Franklin House is also a beloved venue for private visits, family celebrations, weddings, and elegant afternoon teas-often accompanied by the famed scones served in its tearooms. The house's collection of unique treasures includes a decorated horse-hide trunk with royal connections to Charles II, a rare concave Welsh bacon cupboard from the 1700s, and a long-case clock crafted by convict-turned-clockmaker James Oatley.



Whether you're a history enthusiast, a family seeking hands-on learning, or simply looking for a tranquil spot to enjoy a cup of tea, Franklin House promises a memorable and engaging experience for all.

... Alka Kothari

RDMA 2025 MEETING DATES:

For all queries contact our Meeting Convener:
Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: **Mumma's Italian Restaurant**
Function Room 69 Redcliffe Parade,
Redcliffe QLD 4020

Time: **7.00 pm for 7.30 pm**

Next meeting date is

**TBC
NEXT**

Wednesday	February	26th
Tuesday	March	25th
Wednesday	April	30th
Tuesday	May	15 or 27th
Wednesday	June	25th
Tuesday	July	29th
ANNUAL GENERAL MEETING		
Wednesday	August	27th
Tuesday	September	23rd
Wednesday	October	29th
NETWORKING MEETING		
Friday	November	21st

Newsletter Publisher.
M: 0408 714 984

Email: RDMAnews@gmail.com

Advertising information listed in
the right column and on RDMA's
website

www.redcliffedoctorsmedicalassociation.org/

NEXT NEWSLETTER DEADLINE

Advertising & Contribution

Due 15th of each Month 2025

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

Competitive Advertising Rates:

Full page A4: \$560.00

Half page A5: \$330.00

Qtr page A6: \$260.00

Business Card size (new): \$70.00

Advertorials: \$260.00

Inserts: \$260.00

The preferred A5 size is Landscape Format and A4 size is in Portrait Format.

Please note the following discounts:

- ▶ 10% discount for 3 or more placements
- ▶ 20% discount for 11 placements (1 year)
- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

CLASSIFIEDS

Classifieds subject to the Editor's discretion.

- ▶ No charge to current RDMA members.
- ▶ Non-members \$55.00

If you would like to advertise in the next month's newsletter please email RDMAnews@gmail.com in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page in Word with approximately 800 words.

INSIDE THIS ISSUE:

- P 01:** RDMA's Report
- P 02:** Date Claimers, Newsletter Deadlines and Advertising Rates.
- P 03:** Contents and Classifieds and Executive Team Contacts
- P 05:** RDMA's Meeting Invitation and Last Meeting Updates
- P 06:** Voluntary Assisted Dying (VAD) and Enduring Power of Attorney by Dr Peter Stephenson
- P 08:** AMAQ Report
- P 12:** GP Liaison Updates by James Collins
- P 14:** Mental Illness and Positive Self Hypnosis by Dr Mal Mohanlal
- P 16:** USC Participant Referrals for World Class Clinical Trials in Moreton Bay
- P 17:** AMAQ Events Calendar 2025
- P 18:** Media: Extreme Ahpra Power used Too Readily and with Too Little Oversight
- P 19:** Poole Group Report
- P 20:** Members Subscription Form

Lumus Imaging North Lakes has exciting news!

Our new Siemens MRI
will be operational
from the end of October.

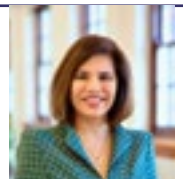
For Bookings
please call our lovely staff on
07 3142 1611
lumusimaging.com.au



RDMA Executive Contacts:

President:

Dr Alka Kothari
Ph: 3883777



Vice President :

Dr Geoff Hawson
Ph: 0418 870 140



Email: geoffrey@hawson.org

Treasurer:

Dr Eugene Lim
Email: rdma.treasurer@gmail.com



Committee Members

Dr Peter Stephensen
Ph: 3886 6889



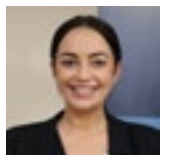
Dr Kimberley Bondeson
Ph: 3284 9777



Dr Wayne Herdy
Ph: 5491 5666



Meeting Convenors Ph: 3049 4444
Email: qml_rdma@qml.com.au
Anna Wozniak M: 0466480315
Qinten Moffatt M: 0466480315





A Medical practitioner could experience adversity at any stage in life...

MBAQ Can Help

**FINANCIAL ASSISTANCE
FOR DOCTORS**

Donate online at: mbaq.org.au/support/#donate



The MBAQ is a not-for-profit organisation comprised of voluntary medical and other professionals who provide their time, expertise and service at no cost.

The Medical Benevolent Association of Queensland was founded by members of the profession in 1967 with the sole objective of financially assisting Queensland medical practitioners and their families in need.

Financial crisis may strike at any age in the life of a medical professional. The Medical Benevolent Association is able to offer financial assistance to members of the profession if they request assistance and if they meet the criteria for a grant from the Association.

Risks exist for medical practitioners at all stages of their lives and periods of absence from work through illness or injury, disability or domestic and family violence may precipitate emotional as well as financial stress.

Since our funding, MBAQ has regularly provided emergency financial support to doctors. Between 2017 and 2022, with the help of donors, the MBAQ has supported 36 medical practitioners in need with financial grants totalling close to \$420,000.

Veronica was a doctor working in Far North Queensland who was a victim of domestic and family violence. The stress from separating from her partner and relocating had a significant impact on her mental health and increased financial stress as she was unable to work her usual work hours. This in turn impacted her ability to complete her fellowship exams.

MBAQ was able to provide a financial grant to Veronica which assisted her to complete her fellowship examinations so she could create a secure financial future for herself and her children.

In order to provide an effective and valuable service for Queensland medical practitioners and their families, we require donations. This will enable us to continue to support our colleagues in need. All donations to the MBAQ are tax deductible.

Now, more than ever, our service is essential in relieving temporary financial stress to our doctors in crisis.

Donations to the Association are tax-deductible and receipts will be issued.

"MBAQ's support last year was instrumental in giving me the stepping stone I needed to get my family to a financially secure state"

ANON - DECEMBER 2021

"We are going through an extremely difficult time due to unforeseen circumstances but the help from MBAQ will mean so much in that we will have a little breathing room and ability to feel less stressed as a family."

ANON - JANUARY 2021

"I was fortunate to receive support from MBAQ in 2009 and am now able to repay your generosity to me in coming months. I wanted to thank you again for the tact and kindness my application was met with. I was subsequently able to support my two children and pass two fellowships. Thank you for the work you do."

ANON - DECEMBER 2018

If you need emergency financial assistance, you can apply by calling AMA Queensland on

RDMA MEETING DATE TO BE CONFIRMED MAY 2025

RDMA Meeting

25.03.2025

Alka Kothari RDMA President
Opened the meeting and in-
troduced the speakers:

Sponsor: RDMA.

Speakers:

1. Dr Geoffrey Hawson

Topic:

1. Dont be a Clot-Become an
Instant VTE Expert.

Photos clockwise:

1. Speaker Dr Geoff Hawson
2. Geoff Hawson & Alka Kothari.
3. Quinten Moffatt & Beth Holmes.
4. James Lu, Akshayan Parasurman, Noah Vasghase,
5. Tim Biffen, Edwina Warren, Alka Kothari, Christopher Ta
6. Mamma's Italian Resturant, Redcliffe



HOW OUR MULTIDISCIPLINARY TEAM ASSISTS WORKCOVER QLD PATIENTS

Work-related injuries place a significant burden on individuals and businesses, with over 100,000 WorkCover QLD claims filed annually in Australia (74,127 WC QLD claims made during 2023-2024).

As a **multidisciplinary team**, Sports & Spinal focus on early active rehabilitation, working together to improve functional outcomes and reduce the economic impact of workplace injuries.

We keep the medical team informed, providing realistic recovery guidelines and preventing relapses for optimal long-term results and also recommendations for other supports like OT, host employment and psychological involvement if needed.

Early intervention is critical when managing WorkCover claims. The evidence is clear — early multidisciplinary rehabilitation (MDT), including physiotherapy and exercise physiology, leads to faster recovery, better functional outcomes, and a successful return to work (RTW).

100,000 WC Claims

are filed annually and of the claims that go longer than 1 year, only around 50% actually get back to some meaningful employment

VALD Technology

We use VALD testing technology for objective data collection and program planning for a more targeted approach for our patients to ensure we give better outcomes



SCAN THE QR CODE FOR
MORE INFORMATION OR
TO REFER TO OUR TEAM
TODAY

REFERRALS CAN ALSO
BE MADE VIA MEDICAL
OBJECTS, FAX OR
PHONE

DR PETER STEPHENSON, EXECUTIVE MEMBER



VOLUNTARY ASSISTED DYING (VAD) AND ENDURING POWER OF ATTORNEY..

I have just spoken the Eulogy for my mother who died aged 99.333 years of age. She was a tough old bird, having knocked on heaven's door a few times. One time, we said "Goodbye" to her one night in hospital only to find her sitting up and having breakfast the next day! She had had multiple fractures from falling, requiring multiple GA's and internal fixation each time. However, her last fracture was from being transferred from wheel-chair to bed in the aged care facility. Her right foot was caught up under the bed. It was a comminuted fracture of her distal femur and so she had her right leg in a plaster cast from her hip to her toes. The cast was on for TWO months and so she had her 99th birthday in a bed chair.

For one of her previous fractures, she sustained a DVT in her right leg and I thought she would get another one which would embolise and finish her off. But no, she lived for four months. Other than the osteoporosis, she was quite healthy and was only on thyroid replacement therapy, osteoporosis therapy and a long-time antidepressant. Even though we were expecting her to live to a 100, we discussed Voluntary Assisted Dying and she showed interest in having access to it.

However, the rules are that you can only be assessed for VAD if one is expected to die in twelve months. Life expectancy for a 99 yr old woman according Google AI is 2.55 years. My mum caught a chest infection, went downhill immediately and lost her mental capacity overnight. Therefore, she was unable to be

assessed for VAD. When it was like that she was not responding to oral antibiotics and refusing to go to hospital, palliative care was called in.

Terminal sedation was charted and we, the family had to endure her dying slowly before our eyes. One of her grandchildren even slept beside her on the floor overnight the night before she eventually died. We are now left with our final vision of her being unconscious, mouth wide open with her head tilted well back and her hands gangrenous. Certainly NOT a pretty sight to remember her by.

As mentioned in my previous article on VAD, my first patient in my practice who accessed VAD was a retired nurse. She had terrible COPD and was oxygen dependent and every trip to the toilet was an excruciating expedition. She elected to take the substance orally at her convenience. I was called to issue a life extinct certificate/death certificate and there she was, lying propped up in bed, her glasses on her nose with her hands holding a book. I so much wanted that for my mother!

The laws governing VAD in Queensland (and elsewhere) need to be changed. Anyone should be able to be assessed for VAD whilst having mental capacity. Should mental capacity be lost and there is no hope of recovery, then the patient's enduring power of attorney should be able to carry out their wishes and give them a good death.

Peter Stephenson

A promotional poster for the Senior Doctor Conference 2025. The background is a cityscape at sunset with a river and bridge. The text "SENIOR DOCTOR CONFERENCE" is prominently displayed in large white and blue letters. Below it, the date "SATURDAY, 9 AUGUST 2025" and location "VOCO HOTEL, BRISBANE" are listed. Logos for AMA Queensland, ASADA, and CPD Home are at the top. A badge on the right says "cpd home AMA" and "ACCEPTED ACTIVITY 2025". The URL "ama.com.au/qld/events/seniordoctordconference25" is at the bottom.

ama.com.au/qld/events/seniordoctordconference25

SATURDAY, 9 AUGUST 2025
VOCO HOTEL, BRISBANE



**IMAGING
QUEENSLAND**

Radiology Reinvented

**the evolution of
our imaging services**

Lime Radiology, IQ Radiology and CitiScan Radiology are now operating as Imaging Queensland.

We're thrilled to announce the strengthening of our singular radiology brands as Imaging Queensland to provide more options, more convenience, more support and greater service.

Same Great Team

- Same Radiologists
- Same Management
- Same Leadership
- Same Clinical Teams
- Same Admin Teams

Stronger Together

- More Locations
- More Services
- More Staffing
- More Support
- Greater Resources
- Increased Community Support

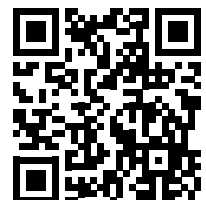


Excellence in Diagnostics

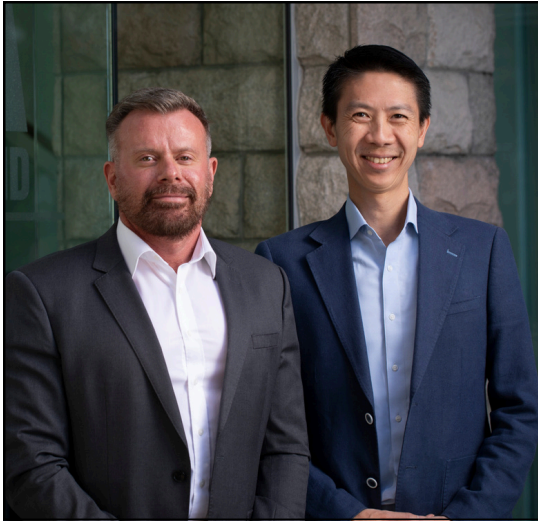
Now caring for our community as Imaging Queensland

1300 648 958

imagingqueensland.com.au



AMA QUEENSLAND UPDATE



AMA Queensland CEO Dr Brett Dale
and President Dr Nick Yim

Flooding in Central and Southern Queensland has caused havoc for many in recent weeks, and we salute our members working in tough conditions in rural and regional areas. We remain available for advice and support and urge you to remember the importance of your own wellbeing in times of natural disasters.

This month, we have spoken out against developments in both pharmacy prescribing and pill testing and called for better anti-infection controls in our hospitals. We have also urged the government to publish more real-time health data for clinicians and patients. Our focus is now turning to the upcoming state budget, the first from the new LNP government, where medical workforce investment will be our key issue.

On April 9, AMA Queensland president Dr Nick Yim and CEO Dr Brett Dale met with Queensland Health Minister Tim Nicholls to outline our organisation's priorities ahead of the LNP government's first budget in June. Workforce was again a priority discussion topic with the Minister confirming the government is set to release its workforce plan in the second half of 2025. Issues with Medicare bulk billing reforms, elective surgery, preventive health and maternity services were also discussed.

Dr Yim spoke to many wonderful young doctors at our Medical Careers Expo and is looking forward to mingling once more at the Junior Doctors Conference in his hometown of Hervey Bay next month.

PHARMACY PRESCRIBING

We were disappointed to see the Queensland government make pharmacy prescribing for certain conditions permanent in March – before final evaluation of two ongoing trials was completed.

Convenient access to healthcare is challenging, particularly considering medical workforce shortages, but we believe this move is dangerous and motivated by politics, not people.

AMA Queensland has long opposed the pharmacy prescribing program due to a lack of independent evaluation, increased costs to the health system and fragmentation of care.

This program is not the answer to overcrowded emergency departments and hospitals around Queensland – we need more staff, with proper qualifications, and better resourcing, not a political quick fix.



[Read the media release](#)

PILL TESTING

The two CheQpoint pill-testing sites in Brisbane and on the Gold Coast closed their doors on 4 April, after the Queensland Government pulled its support from the program.

The service – operated by not-for-profit The Loop – tested more than 1000 drug samples since its pilot program began last year, with one in ten containing an unexpected psychoactive substance.



CheQpoint detected four samples of the highly toxic synthetic opioid nitazene since November – the most recent on the last day of operation.

AMA Queensland has called for the service to be reinstated to identify high-risk substances and provide education and support to those seeking information on pills they have bought online to try save costs on prescription medicines.

Nearly 700 people were given free and confidential health advice during the program's run, which shows the benefit of having an early warning system.



[Read the media release](#)

CAMPAIGNING FOR BETTER INFECTION PREVENTION

AMA Queensland President Dr Nick Yim and CEO Dr Brett Dale met with Queensland Chief Health Officer Dr Heidi Carroll on April 7 to discuss key issues in the sector.

Chief among them was the need for improved infection control measures in public hospitals to reduce the spread of airborne diseases that could affect both patients and clinicians.

This is most critical for high-risk areas such as emergency departments, intensive care units, oncology services and maternity wards.



Our members are concerned that critical upgrades due to be constructed may now be shelved because of budget restraints.

We continue to call for the adoption of readily available ventilation systems to reduce the spread of airborne disease.

We also discussed the need to see routine testing for infections, clear, standardised processes for symptomatic staff, including remaining home pending test results, and the wearing of appropriate personal protective equipment.

Patients must also be regularly tested and isolated or at least separated from other patients in high-risk areas if they are positive for COVID, influenza, measles and other respiratory diseases.



[Read more](#)

INCREASING VACCINATION RATES

During our meeting with Dr Carroll, we recommitted to working together to increase vaccination rates in Queensland.

Falling flu vaccination numbers has been a hot media topic this year, and with predictions of a bad winter flu season, it's important our members advocate the vaccines to patients – particularly to the elderly and parents of young children, cohorts more likely to require hospitalisation from the flu. The flu vaccine program is once again free across Queensland, and a vital public health measure to reduce pressure on emergency departments.

Queensland recently saw a confirmed measles case in a tourist who visited Brisbane, the Sunshine Coast and the Gold Coast. Public health units across the country are watching evolving cases closely.



The Japanese Encephalitis Virus vaccine program has also been expanded to allow more at-risk Queenslanders to access a free shot, following the suspected death of a man in Bowen due to the virus.

We urge members to check in with patients about vaccination status to avoid preventable illness.

NEW ADDITIONS TO OUR COMMITTEE FOR DOCTORS IN TRAINING

It's always thrilling to see members stepping up into our advocacy work, and we're pleased to welcome two incredible people as Deputy Co-Chairs of the Committee for Doctors in Training.

Dr Natasha Abeysekera is a dermatology unaccredited registrar at Sunshine Coast University Hospital and a Master of Philosophy candidate at the University of Queensland. She holds a Bachelor of Medicine and Bachelor of Surgery and a Master of Public Health. Natasha has received multiple awards for her research and advocacy, including the AMA's 2023 National Doctor in Training of the Year.

Dr Nikhil Dwivedi is a dermatology senior house officer at the Princess Alexandra Hospital and a Master of Philosophy candidate at the University of Queensland. He holds a Doctor of Medicine, a Master of Medicine (Clinical Epidemiology) and is admitted as a solicitor in New South Wales. Nikhil has a strong passion for advocacy and medical education and is serving as this year's Chair of Queensland Health's Junior Medical Officer Forum Queensland (JMOFQ).

Congratulations to Dr Abeysekera and Dr Dwivedi – your expertise and experience will be invaluable to the committee.



[Read more](#)

MEDICAL CAREERS EXPO

After a delay while Cyclone Alfred hovered offshore, our Medical Careers Expo finally went ahead on Saturday 22 March at the Voco Hotel in Brisbane.

We welcomed 556 junior doctors and medical students, all hungry for information about what career options were open to them.



AMA Queensland President Dr Nick Yim and Councillor Dr Mikaela Seymour hosted panels and speakers, with topics including specialties, recruitment, education, and financial planning.

49 of our industry and corporate partners had stalls at the event, with plenty of conversations held throughout the day about where our next generation of doctors will go.



[Read more](#)

PRIVATE PRACTICE EVENTS



We are running specialised workshops aimed at private practitioners this year, focused both on those just starting out, and those wanting to grow their business.

Building a Private Practice will be held in the beautiful Victoria Park in Brisbane on Saturday 24 May.



Private Practice Refreshed will take place in Brisbane on Friday 20 June, Townsville on Friday 18 July and on the Gold Coast on Friday 5 December.

These are free for AMA Queensland members, and we encourage you to check our website for more details.

UPCOMING EVENTS

Join AMA Queensland President Dr Nick Yim in his hometown for this year's **Junior Doctor Conference**. For Redcliffe and Moreton Bay medicos, it's only three hours away by car.

The beautiful Fraser Coast is the perfect place for young doctors to hear from inspiring speakers, make friends, and meet important contacts. Dr Fiona Baker, Director of Integrated Care, Fraser Coast, and Chair of QDAF Clinical Network will be our keynote speaker.

Join us and the **Australian Senior Active Doctors Association** this August for our engaging and inspiring one-day **Senior Doctor Conference** tailored to senior active and retired doctors.

Are you thinking about travelling overseas this year? Join us for our **Annual Conference 2025** in Vancouver, Canada to earn CPD points and learn key issues facing the profession while immersed in a unique tourism destination.

We can't wait to see you at one of our 2025 events!



[Read more](#)

Metro North Health General Practice Liaison Officer - May 2025 update

Here's a small selection of our GPLO articles in the weekly [Brisbane North PHN "GP Link" e-newsletter](#). We encourage you to subscribe via the link above to receive the latest local health service news. There are multiple web links to resource, so please go to your medical association webpage where the electronic version of this newsletter can be found to click on the weblinks. If you need to reach Metro North GP liaison team, please [email us](#)

New Specialist Advice services available to support Metro North Health region GPs:

1. RBWH and Redcliffe Post Operative Discharge Support Service (PODSS)

Redcliffe and Royal Brisbane and Women's Hospitals have added a new service to support GPs and patients post hospital discharge. The Post Operative Discharge Support Service (PODSS) aims to prevent ED presentations and provide alternative care pathways for post surgical concerns such as fever, bleeding, wound concerns, and pain within 30 days of discharge from a procedure. This is a Clinical Nurse Consultant led service that GPs can access via the Clinical Advice Line on 1800 569 099.

At this stage the following patients are covered:

Redcliffe Hospital PODSS:

Adult and paediatrics General Surgery, Orthopaedics, Urology, Gynaecology, ENT and Endoscopy patients

RBWH PODSS:

Adult Urology (not prostatectomy), Plastics, General Surgery (Hepatobiliary, Upper GI, Hernia, Thoracic, Colorectal) and Orthopaedics (elective lower limb only) patients

Eligible patients will also receive information on discharge as to how they can access the service directly. This service is currently available Monday to Friday 8:30am – 4pm.

This is in addition to the range of specialties already providing advice to Metro North GPs which can be found at [Clinical Advice Line](#) on 1800 569 099, including [Virtual Ward](#) and [Rapid Access to Community Care](#)

2. Neurology "Request for Advice" Service now available to support Brisbane North GPs

The Metro North Health Neurology stream has launched the latest "Request for Advice" (RFA) service to support GPs wanting access to timely neurology specialist advice on diagnostic and/or treatment options for their patients.

This is not a referral, but is a request for timely clinical advice for GPs which may eliminate the need for a specialist face-to-face outpatient consultation.

The request for advice is sent via the [GP Smart Referrals](#) system (available to over 95% GP practices) and GPs will receive specialist response back via GP Smart Referrals from a Neurologist within 5 business days.

Please ensure you are clear what your clinical question is for the neurologist and include any relevant history, examination, imaging and pathology findings so that the neurologist can base their response based on the information you have provided. If minimal information is provided, it could make it difficult to provide a response.

How to send a: "Request for Advice"

This is service available to local GPs whose patients aged over 16 years live within the [Metro North Health catchment area](#).

Please keep track of the Metro North [Clinical Advice Phone Lines & "Request for Advice" Services](#) to see any changes to services or new services as they become established.

If you need assistance using the GP Smart Referrals (GPSR), contact gpsr@brisbanenorthphn.org.au

Termination of Pregnancy

If you have a patient that requires termination of pregnancy in one of the Metro North Health hospitals, GPs can contact the [Termination of Pregnancy Service](#) via the [Metro North Clinical Advice Line](#) on 1800 569 099 Monday to Friday 0830-1600 to be guided as to how to refer your patients.

Supporting patients to safely taper and stop antidepressants

Many people experience withdrawal symptoms when they attempt to stop antidepressants. Withdrawal symptoms are frequently mistaken for relapse, by both patients and doctors, leading to reinstating or switching and continuing antidepressants. The confusion is easy to understand since emotional symptoms, such as anxiety and irritability, are common to both withdrawal and relapse. We now know that slow hyperbolic tapering of antidepressant dose can help to minimise antidepressant withdrawal symptoms. This approach is now recommended in clinical guidelines internationally. Researchers at the University of Queensland General Practice Clinical Unit have developed the RELEASE resources which include antidepressant-specific tapering plans providing practical guidance for people to taper and stop antidepressants. There are tapering plans for 15 different antidepressants, including faster and slower tapering speeds, and a tool to determine which speed of tapering is most appropriate for each patient.

The RELEASE resources are freely available via the following link:

https://uniofqueensland.syd1.qualtrics.com/jfe/form/SV_24BJLTBJT32xXmK

The RACGP has officially recognised both the RELEASE resources (developed by researchers at the University of Queensland) and the Maudsley Deprescribing Guidelines as Accepted Clinical Resources for stopping antidepressants via slow hyperbolic tapering of antidepressant dose to minimise withdrawal symptoms

For more information about the RELEASE study, see <https://medical-school.uq.edu.au/release>

Upcoming GP Education developed by Metro North GPLO Program

[Championing Generalism Workshop](#)

Saturday 31 May 2025 | 7:30am – 4:30pm | Face to Face (including morning tea and lunch) | Clinical Skills Development Centre, RBWH

Join us for a multispecialty event featuring multi-disciplinary, GP-led, GP-facilitated and case-based discussions.

Take this chance to :

- Meet hospital specialists
- Learn about new local hospital and community services
- Discover resources to support GPs and their practices
- Earn CPD points and have some fun for free!

[View the program here](#)

Places are limited. To register, visit: <https://www.trybooking.com/DAJCD>

[2025 RBWH Cancer Care Services Preceptorship for General Practitioners](#)

Saturday 19 July 2025 | 8:30am – 3:30pm | Face to Face | Education Centre, RBWH

An engaging and interactive Haematology and Oncology case-based educational day crafted to promote collaboration among healthcare providers, strengthen support and enhance care for patients with haematological and oncological conditions.

To register, visit: [RBWH-Cancer Care Services Preceptorship For General Practitioners](#)

We look forward to seeing you at these upcoming events, please get in touch if you have any questions.

Mental Illness and Negative Self-Hypnosis

Thinking is Self-hypnosis



By **Mal Mohanlal**

Anyone interested in improving their mental health must learn how their ego operates in their mind. The ego is the thinker in the mind. If you ignore the ego, you will only succeed in creating a world of delusions.



Mental illness is a disorder of perception. Perceptions influence our thinking, and our thinking influences our behaviour and actions. When doctors put labels on mental illnesses such as alcoholism, bipolar, ADHD, Anxiety, Neurosis, Depression, Autism, etc, they do so they can treat people according to their behaviour. Most people accept this label as the final diagnosis of their problem and are quite happy to take it. They feel relieved that, at last, doctors have found something wrong with them. In fact, they now use this label as a reason or excuse for their behaviour.

Please note that this diagnosis of your mental illness has not changed anything for you. You are still the same person, thinking in the same way. However, unless you are aware, the clever ego in your mind will exploit the situation to your advantage and lead you along a delusive path.

But are you aware that we live in a hypnotic world? Our thinking process is hypnotic. When we think we are hypnotizing ourselves. We are practising self-hypnosis. It means the ego in our mind is already hypnotized. Most people are not aware that they are already hypnotized. Your negative feelings come from negative self-hypnosis, which results in your present mental illness. So, if people became aware of that, surely would it not be possible for people to learn and start hypnotizing themselves positively? People need to learn how they can free themselves from negative self-hypnosis. To do that, they must understand how hypnosis works.

Hypnosis is a process where we use (thinking) the conditioned reflex of words in our subconscious mind to make ourselves feel negative or positive. When we say a negative word in our mind, it reflexively produces harmful chemicals in our brains. When we use a positive word, we reflexively produce positive chemicals. The meaning of the word does not matter to the subconscious mind. For example, saying, "What will happen?" instantly creates tension in your system. It produces anxiety. But if you say, "Everything is fine," you will feel much better even if you did not mean it. It has a calming effect.

Again, you will feel helpless if you say, "I can't help myself," and keep repeating it. But if you say, "I can", and keep repeating it, it has the opposite effect. That is the hypnotic power of the words on your subconscious mind. Also, do you know we hypnotised ourselves when you fell in love? One can fall in love with same-sex or opposite-sex if one keeps saying positive things about the other person. One can fall in love many times in one's lifetime. It all depends on how one is stimulating one's subconscious mind.

If you are a smoker wanting to quit smoking, you will make it easier for yourself by repeating this as a mantra: "I hate smoking – dirty, filthy, habit". You do not have to mean or concentrate on what you say, but keep repeating it.

Please remember all mental illnesses have a label attached to them, yet you are still using your normal thinker-thinking mode in your thinking process. Therefore, you are still hypnotizing yourself with or without that label (diagnosis). To acquire self-knowledge, just become aware of how you use this label to go about life in your daily routine.

Therefore, no matter what your mental health diagnosis is, if you replace the negative words in your thinking process with positive words, you will be able to manipulate your subconscious mind in the direction you want to go. Remember, using negative words is a habit and can only take you in a negative direction. That is not being smart. That is why I advise people to acquire self-knowledge and gain insight into their minds. Learn to understand how your mind works.

It is thus essential to become aware of how we constantly hypnotize ourselves and manipulate our subconscious mind when we think. The world is manipulating you. So why can't you do the same and manipulate your subconscious mind positively yourself?

Most people do not understand why they cannot stop thinking. It is because our ego is a product of self-hypnosis. The 17th Century French philosopher Rene Descartes wrote this famous line: "I think, therefore, I am". He did not understand hypnosis, so please allow me to explain what this cryptic sentence means.

Since the ego always wants to be in control, it has to use words to appear in our conscious mind. We use words in our thinking. Without words, we cannot think. So, to stay in the conscious mind, the ego has to keep thinking. It fears it will disappear from the mind and lose control if it stops thinking. Thinking, thus, becomes an obsession for most people.

Acquiring self-knowledge gives you new insight into your mind. Please remember that the thinker-thinking mode is hypnotic. This mode we all usually use hypnotizes us. It can only lead to delusions. A single word, like resurrection or reincarnation, can instantly open up a whole new world for the individual because it holds the imaginative power of the mind.

So, how do we dehypnotize ourselves? When we stop thinking, do you know we switch to the observer-observing mode? It is a passive mode, which the ego does not like because it has to stay in the background. We use it to learn and understand our world and mind. It is the mode we must use to understand our thinking process. It dehypnotizes us because we become aware of what words we are using.

To go into the observer-observing mode is simple. Become aware of the present moment and what you are doing. Take in the picture of everything except the back of you. Now, you are in the observer mode, observing what is happening inside and outside you. It is the only mode one must use for meditation. Any other mode will be self-hypnosis.

Do not reject your thoughts. When you observe your thoughts, stop verbalizing and see what happens. You will find the thought has no substance. It disappears. If you analyze (verbalize), it activates it. Do the same thing with your emotions. Don't verbalize and see what happens. As you acquire self-knowledge, you will realize that your thoughts and emotions have no power over you if you choose not to verbalize. Life thus becomes an eternal meditation. The intelligence in your mind will automatically reset your thinking process from the thinker-thinking mode to the observer-observer observing mode.

I have written this article to help you gain insight into your mind. If it does not make sense to you, then I am afraid you will be stuck with your mental health label. Even if you do not understand what I write, if you replace negative words in your thinking with positive words, you will benefit, and your mental state will improve.



Clinical
Trials

World-class clinical trials are underway in Moreton Bay

University of the Sunshine Coast is seeking participant referrals to contribute to medical research

Investigational treatment for coeliac disease

We have begun trialling a treatment with the potential to reduce symptoms from gluten exposure. Our researchers will aim to evaluate the safety of a single dose of the investigational treatment in Coeliac disease participants with gluten challenge. We are calling for participants who:

- aged between 18 and 70 years who have been diagnosed with coeliac disease
- who have been following a gluten-free diet for at least 12 months
- can attend 13 visits at our Morayfield clinic over 6 months

To apply or learn more, [click here](#).

Potential new therapy to help control high blood pressure

This trial will be exploring a new therapy targeting one of the proteins which controls blood pressure that is made by the liver to lower blood pressure, hoping to provide longer-lasting blood pressure control. We are calling for participants who:

- are aged between 18 and 65 years
- have high blood pressure and are not currently taking blood pressure medication
- can attend 13 clinic visits during the first six months, including a 2-night stay at the clinic with overnight accommodation provided. After that, regular visits will be scheduled every three months for up to one year.

To apply or learn more, [click here](#).

New investigational injection aimed at slowing the progression of early Alzheimer's disease

We are working on a Phase 3 trial that aims to evaluate whether the investigational treatment can slow or delay the progression of early Alzheimer's disease by targeting and reducing amyloid plaque in the brain. We are calling for participants who:

- are aged between 65 and 80 years old
- are willing to take a blood test to check for an Alzheimer's disease biomarker
- have a reliable study partner to accompany them throughout the trial
- can attend up to 16 visits over up to 5 years at our South Bank clinic in Brisbane

To apply or learn more, [click here](#).

A growing clinical trials network

Do you have patients who might benefit from participating in a clinical trial?

If you would like to receive information on currently available clinical trials, please email trialparticipant@usc.edu.au



Ochre Health
Level 1, 9 Ochre Way
Sippy Downs QLD 4556



Health Hub Morayfield
Level 1/19-31 Dickson Road
Morayfield QLD 4506



South Brisbane
Building A1, SW1 Complex
32 Cordelia Street
South Brisbane QLD 4101



Vitality Village
5 Discovery Court
Birtinya QLD 4575



Sunshine Coast Haematology and Oncology Clinic
10 King Street
Buderim QLD 4556

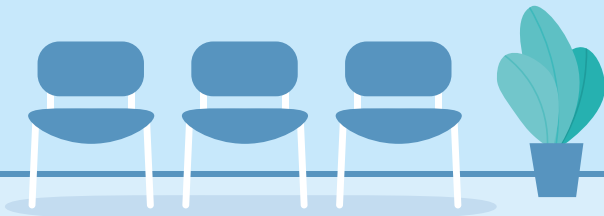


Maroochydore Private Hospital (under construction)
Maroochydore City Centre
Maroochydore QLD 4558

BUILDING YOUR *Private Practice*

ESSENTIAL STEPS TO BUILD YOUR BUSINESS

Saturday, 24 May | Victoria Park, Brisbane



PRIVATE PRACTICE *Refreshed*

STRATEGIES TO GROW YOUR BUSINESS



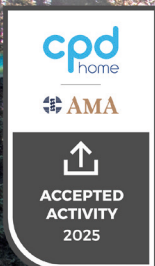
BRISBANE | 20 JUNE



TOWNSVILLE | 18 JULY



GOLD COAST | 5 DECEMBER



Vancouver CANADA

21 TO 27 SEPTEMBER 2025



AMA QUEENSLAND 2025 ANNUAL CONFERENCE



Extreme Ahpra Power Used Too Readily and With Too Little Oversight

The Australian Medical Association is calling for changes to the law governing the Australian Health Practitioner Regulation Agency (Ahpra) which — at present — allows an extreme power to be used too lightly.

In a submission to the National Health Practitioner Ombudsman (NHPO), which is investigating delay and procedural safeguards for health practitioners subject to immediate action from Ahpra, the AMA calls for balance in Ahpra's use of immediate action against practitioners, and for the introduction of rules to ensure Ahpra cannot leave practitioners subject to immediate actions to languish for years waiting for an outcome.

AMA President Dr Danielle McMullen said the submission makes it clear that Ahpra's immediate action powers must be used judiciously and balance protection of the public with the rights and wellbeing of practitioners.

"Patients need to have faith in the regulatory system governing doctors, and doctors need to be entitled to fair process with a concern for their wellbeing when an investigation arises," Dr McMullen said.

"We are extremely concerned by experiences shared with us from practitioners. We heard examples of the power being used when it was unclear what the risk to the public was, and of practitioners left waiting for years with minimal communication from Ahpra. Clearly, Ahpra needs greater accountability when it takes immediate action," Dr McMullen said.

"Immediate action is one of the strongest sanctions available to Ahpra allowing it to immediately suspend a practitioner or impose conditions after allegations have been made, but before any wrongdoing is proven. Such an action implies guilt before innocence can be proven, and can inflict irreparable damage to a practitioner's

reputation, derailing their career and their relationships with patients, colleagues, and employers."

The submission outlines how the current power is used too readily, and that Ahpra and the relevant National Medical Board have little accountability to the practitioner once it has been used.

The AMA's submission recommends changes to the Health Practitioner National Law to mandate that Ahpra has a duty of care to the Registrant and in particular a duty to minimise the mental health impacts and financial effects on the health practitioner who may be subject to a notification.

It also argues the Medical Board should be required to present to the NHPO within one week of taking immediate action to justify the action, and to outline a reasonable timeframe for resolution of the investigation. Dr McMullen said there needs to be a much stronger onus on Ahpra to protect the wellbeing of doctors who have been subject to a notification.

"We want a system that works to protect the public while ensuring fair process and recognising the detrimental effects the immediate action can have on doctors.

Ahpra's own Expert Advisory Group identified 16 deaths and four instances of attempted suicide or self-harm among practitioners who were subject to regulatory notifications," Dr McMullen said.

Wednesday, 23 April 2025

Contact: AMA Media: +61 427 209 753
media@ama.com.au
[@ama_media](https://twitter.com/ama_media) AustralianMedicalAssociation
[@amapresident](https://twitter.com/amapresident) @medicalassociation_au
[@medicalassociation_au](https://twitter.com/medicalassociation_au)

Federal Budget 2025/2026 Highlights

Personal Income Tax

The changes to personal income tax rates for individual taxpayers will begin in the 2027 income year. The Government has proposed delivering tax cuts to individual taxpayers in the 2027 and 2028 income years, as illustrated in the table below, excluding the Medicare Levy.

Thresholds	2025 and 2026	2027	2028
\$0 - \$18,200	Tax-Free	Tax-Free	Tax-Free
\$18,201 - \$45,000	16%	15%	14%
\$45,001 - \$135,000	30%	30%	30%
\$135,001 - \$190,000	37%	37%	37%
\$190,001 and above	45%	45%	45%

Increased Medicare Levy Low-Income Thresholds

The Government will increase the low-income threshold amounts for the Medicare Levy and phase in ranges for single individuals, families, seniors, and pensioners starting from 1 July 2024, to provide cost-of-living relief as indicated in the table below. For each dependent child or student, the family income thresholds will rise from \$4,027 to \$4,216.

Category of Taxpayer	No Medicare Payable at or below	
	2024	2025
Single individual	\$26,000	\$27,222
Families not eligible for the SAPTO	\$43,846	\$45,907
Single individuals eligible for the SAPTO	\$41,089	\$43,020
Families eligible for the SAPTO	\$57,198	\$59,886

HELP To Buy Scheme Extended

The Government will provide an equity contribution of up to 40% to support eligible home buyers seeking to purchase a home with a lower deposit and reduced mortgage. Income caps will increase from \$90,000 to \$100,000 for individuals and from \$120,000 to \$160,000 for joint applicants and single parents.

Household and Small Business Energy Relief

The Government will extend the energy relief bill for eligible households and small businesses, providing two \$75 bill rebates applied directly to reduce electricity bills until December 31, 2025, in order to offer cost-of-living relief.

Restriction on Foreign Ownership of Housing

The Government's agenda to boost the supply of housing in Australia includes the following actions:

- Ban foreign persons, including temporary residents and foreign-owned companies, from purchasing established dwellings for two years from 1 April 2025, unless subject to an exception
- The ATO will receive \$5.7 million over four years from the 2026 income year to enforce the ban
- The ATO and Treasury will receive \$8.9 million over four years from 2026 for their audit program to target land banking to ensure vacant land is used for residential and commercial developments within a reasonable timeframe

Student Higher Education Loan Repayments

The Government will reduce all outstanding Higher Education Loan Program (HELP) and other student debts by 20%, subject to the passage of legislation. The minimum repayment threshold is proposed to increase from \$54,435 in 2025 to \$67,000 in 2026.

Childcare Subsidy

The Government is committed to establishing a universal early childhood education and care system in which every child is eligible for at least 3 days per week of subsidised access, replacing the activity test from January 2026.

Apprentices and Fee-Free TAFE Subsidies

The Government is investing in making 100,000 free TAFE places permanent every year starting 1 January 2027, subject to the passage of legislation.

If you require accounting, wealth and advisory assistance, please contact our experienced accountants at Poole Group on 07 5437 9900 or poole@poolegroup.com.au

Are You A Member? Why Aren't You? Look At The Benefits!



**Get Your RDMA Membership
Benefits! Socialise!
Broaden Your Knowledge!**

CPD Points Certificate Available



Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. Show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

This **membership subscription** entitles you to ten (10) dinner meetings, a **monthly magazine (11)**, an informal **end of the year Networking Meeting** to reconnect with colleagues. Suggestions on topics and/ or speakers are most welcome. **Doctors in Training** are invited to join at **no cost**. Please complete the annual memberships subscription below and enjoy the benefits your membership brings you and your colleagues.

RDMA SUBSCRIPTION FORM - INTERNET PAYMENT PREFERRED

Email; rdma.treasurer@gmail.com

ABN 88 637 858 491

1. One Membership Fee (July -June) \$120.00; October-June \$90.00, Jan -June \$60.00, April-June \$30.00

**2. Two Family Membership Fee Per Annum \$180.00 pro rata (Please include each person's details),
- 50% Discount for Part Time Doctors working 10 hours or less per week**

3. Retired Doctors Membership Fee Per Annum: \$60.00

4. Doctors in Training FREE

1. Dr

(First Name)

(Surname)

Email Address:

2. Dr

(First Name)

(Surname)

Email Address:

Practice Address:

Postcode:

Phone:

Fax:

CBA BANK DETAILS : Redcliffe & District Medical Assoc Inc: BSB 064122 AC: 00902422

1. PREFERRED PAYMENT METHOD: INTERNET BANKING

2. PAYMENT BY DEPOSIT SLIP: INCLUDE your name: ie: Dr F Bloggs, RDMA A/C and Date

3. ENCLOSED PAYMENT: (Subscription Form on website, type directly into it and email)

Completed Form Return by Emailing to rdma.treasurer@gmail.com