



May 2025

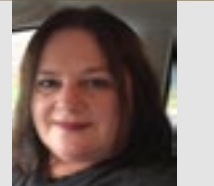
Newsletter

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## RDMA's Executive Committee

Alka Kothari  
**President**Geoffrey Hawson  
**Vice President**Eugene Lim  
**Treasurer**

Peter Stephenson

Wayne Herdy  
**Committee Members**

Kimberley Bondeson

**Two Sides of the Crib: Understanding Perinatal Mental Health**

Perinatal mental health encompasses the emotional and psychological wellbeing of both mothers and fathers from conception through the first two years after birth. This transformative period is marked by profound biological, psychological, and social changes, making all parents more susceptible to mental health challenges. While much attention has traditionally focused on mothers, it is increasingly recognised that fathers are also vulnerable during this time.

Mental health disorders such as depression and anxiety are common in the perinatal period. Approximately 10–20% of mothers experience these conditions during pregnancy or after childbirth, with even higher rates in some regions. Fathers are also affected, with



For first-time fathers, these rates can climb as high as 25%, especially if their partner is also struggling. The impact of perinatal mental health issues extends beyond the individual, affecting the child's development, the parent-infant bond, and the overall functioning of the family.

Symptoms of perinatal mental health conditions can manifest differently in mothers and fathers but often include persistent sadness, hopelessness, irritability, and fatigue. Both parents may notice changes in sleep and appetite, difficulty concentrating, and a sense of being overwhelmed. Mothers might struggle with bonding with their babies or experience intense self-doubt, while fathers may be more likely to show anger, withdraw socially, or turn to substance use. In severe cases, both mothers and fathers can have thoughts of self-harm or suicide. *Continued on Page 4.*



an estimated 5–10% experiencing perinatal depression and 5–15% facing perinatal anxiety.



*The Redcliffe & District  
Local Medical Association  
sincerely thanks QML  
Pathology for the distribution  
of the monthly newsletter.*

**RDMA Free Membership  
Doctors in Training**

**Meeting Dates Page 2.**

## 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

NEXT	Wednesday	February	26th
	Tuesday	March	25th
	Wednesday	April	30th
	Thursday	May	29th
	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](mailto:RDMAnews@gmail.com)

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

[www.redcliffedoctorsmedicalassociation.org/](http://www.redcliffedoctorsmedicalassociation.org/)

## NEXT NEWSLETTER DEADLINE

Advertising & Contribution

**Due 15th of each Month 2025**

Email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com)

W: [www.redcliffedoctorsmedicalassociation.org](http://www.redcliffedoctorsmedicalassociation.org)

### Competitive Advertising Rates:

Full page A4: \$560.00

Half page A5: \$330.00

Qtr page A6: \$260.00

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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](mailto: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 President Report
- P 02:** Date Claimers, Newsletter Deadlines and Advertising Rates.
- P 03:** Contents and Classifieds and Executive Team Contacts
- P 04:** RDMA President Report: Two Sides of the Crib: Understanding Perinatal Mental Health continued
- P 05:** RDMA's Meeting Invitation and Last Meeting Updates
- P 06:** Best Possible Care during the Worst Possible Time, RBWH Foundation
- P 08:** AMAQ Report
- P 12:** USC Clinical Trials Update
- P 13:** AMAQ Events Calendar
- P 14:** Are we true or pseudo-scientists? Mental Illness results from Negative Self-Hypnosis by Dr Mal Mohanlal
- P 16:** Travel Report by Cheryl Ryan
- P 17:** Poole Group Report
- P 18:** Media: Alarm bells ring over Bupa's aggressive vertical integration plans
- P 19:** Where We Work Live PLay
- P 20:** Members Subscription Form

## Lumus Imaging North Lakes has exciting news!

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

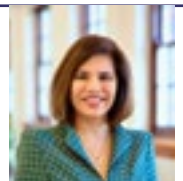
For Bookings  
please call our lovely staff on  
07 3142 1611  
[lumusimaging.com.au](http://lumusimaging.com.au)



### **RDMA Executive Contacts:**

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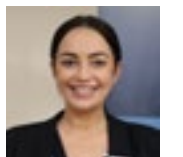
Dr Kimberley Bondeson  
Ph: 3284 9777



Dr Wayne Herdy  
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Email: [qml\\_rdma@qml.com.au](mailto:qml_rdma@qml.com.au)  
Anna Wozniak M: 0466480315  
Qinten Moffatt M: 0466480315







## **TWO SIDES OF THE CRIB: UNDERSTANDING PERINATAL MENTAL HEALTH** *CONTINUED FROM PAGE 1*

These symptoms are sometimes subtle and frequently go unrecognised, particularly in fathers, due to societal expectations and less frequent screening.

Several risk factors contribute to the development of perinatal mental health issues. Shared risks include a history of depression, lack of social support, financial stress, sleep deprivation, and relationship difficulties. Mothers face additional risks, such as hormonal changes, pregnancy complications, traumatic birth experiences, and fertility challenges. For fathers, the strongest predictor is maternal depression, but other factors like first-time parenthood, concerns about their parenting role, feeling excluded from care, and lack of access to paternity leave also play significant



Treatment and support options for mothers are more established, including psychological therapies such as cognitive behavioural therapy, medication, peer support, and access to specialist perinatal mental health services. Early intervention is crucial for positive outcomes for both mother and child. In contrast, evidence-based interventions tailored specifically for fathers are limited, with most support available through couple-focused education or therapy. There is a clear need for male-specific interventions and better engagement strategies to support fathers.

If left untreated, perinatal mental health conditions can have serious consequences. These include impaired parent-infant attachment, increased risk of developmental, emotional, and behavioural problems in children, strained partner relationships, and a higher risk of substance abuse and suicide, particularly in severe cases.

In summary, perinatal mental health conditions are common and affect both mothers and fathers, though symptoms and risk factors can differ by gender. Fathers' mental health issues are often under-recognised, highlighting the need for early identification, intervention, and family-inclusive care. Ongoing research, improved screening tools, and tailored interventions for fathers are essential to ensure the well-being of all parents and their children.

... Alka Kothari



roles.

Screening and diagnosis practices differ between mothers and fathers. Many countries recommend universal screening for mothers using validated tools and established referral pathways. However, there are no universally accepted screening tools specifically for paternal perinatal depression or anxiety, and most existing tools are adapted from those used for mothers, which may overlook male-specific symptoms. Barriers to effectively screening fathers include lack of practitioner training, gendered assumptions, and limited-service focus on non-birthing parents.



# RDMA MEETING DATE THURSDAY 29TH MAY 2025

## Monthly Meeting



<b>Date</b>	Thursday 29 <sup>th</sup> May 2029
<b>Time</b>	7:00pm for a 7:15pm start
<b>Venue</b>	Mumma's Italian Restaurant Function Room 69 Redcliffe Parade, Redcliffe QLD 4020
<b>Cost</b>	Financial members, interns, doctors in training and medical students – FREE. Non-Financial members – \$30 payable at the door (Membership applications available).

<b>Agenda</b>	<b>7:00pm</b>	Arrival & Registration
		Be seated – Entrée served
	<b>7:15pm</b>	Welcome by Prof Alka Kothari President RDMA Inc <b>Sponsors: Chiesi Australia</b>
	<b>7:20pm</b>	<b>Speaker: Dr Justin Hundloe, Thoracic Physician</b> <b>Topic: A Practical Guide to Interpreting Spirometry</b> Main Meal served (during presentation)
	<b>7:50pm</b>	Q&A
	<b>8:00pm</b>	General Business - Dessert served. Tea & Coffee served.

**RSVP** By Friday 23<sup>rd</sup> May  
RDMA@qml.com.au or 0466 453 806



## SHOCKWAVE THERAPY FOR PLANTAR FASCIITIS EVIDENCE-BASED BEST PRACTICE

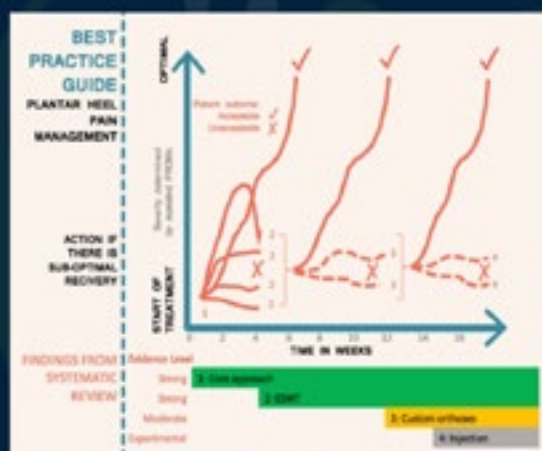
A systematic review by Morrissey et al. (2021), published in the British Journal of Sports Medicine, aimed to provide a 'Best Practice Guide' for managing plantar heel pain.

This guide combines findings from the systematic review with expert clinical reasoning and patient values to support practitioners in delivering effective, evidence-based care.

**At Sports & Spinal**, this guide has helped our **podiatrists** implement a structured, evidence-based treatment plan for patients with persistent plantar heel pain.

Our goal is to not only provide the most appropriate treatments but also to give our patients the best possible chance of recovery from this often-debilitating condition.

With the addition of EMS DolorClast shockwave machines at key locations, we're now able to offer the full range of recommended treatment options.



This is an image from the article that summarizes the recommended guide

## REFER TO SPORTS & SPINAL FOR SHOCKWAVE THERAPY

Podiatry referrals can be made via medical objects or through our website:  
[www.sportsandspinalphysio.com.au/contact/referrers/](http://www.sportsandspinalphysio.com.au/contact/referrers/)



### The best possible care through the worst possible time

When Jenny Crook walked into Redcliffe Hospital's Emergency Department seeking answers to her husband David's back pain, the Scarborough couple had no idea that just 11 weeks later they would say their final goodbyes in the hospital's Palliative Care Unit. As she and their daughter Alex adapt to life without a beloved husband and father, Jenny has bravely shared David's story. She wants to highlight not only the quality of care they both received but how donations to the Raise it for Redcliffe Hospital campaign will ensure other local families experience the same dignity, kindness and support throughout their darkest hours.

"When you land in Palliative Care, you're like a deer in the headlights. Suddenly you're spending 12 hours a day there, trying to make the most of precious time. The ability to talk in privacy, to sit comfortably, to have a cup of coffee and enjoy the closest you can get to a bit of normality – like watching television or sitting outside in the sun – seems simple, but it makes such a difference. "These are the things that go beyond health care but are made possible by the generosity of the local community."

When David first visited the ED on 23 December 2024 with a sore back that had been troubling him for six weeks, he had no idea what lay ahead. Doctors discovered lesions on his spine and liver and, after a week in hospital, he was diagnosed with incurable oesophageal cancer. "Neither of us had time to process what was happening. It was all so quick," Jenny said. "But what we really noticed was that people were caring for me as well as for David. It was such a team effort, right down to the people who delivered the meals.

"I remember I was helping to shower him and the nurse said, 'Jenny, you just be the wife – we'll do the heavy lifting'. Every staff member was incredible, but particularly the teams on the palliative care ward. They are extra special. "On the night David died, I said to my daughter, if anything happens to me and I need this level of care, make sure I come to the Palliative Care Unit at Redcliffe Hospital. To be able to have a 'good death' – to be pain free and comfortable, supported and cared for, understood and

treated as a whole person rather than just a patient – made the world of difference to David and to us as a family.

"And that didn't end when David died. Even afterwards, the team have reminded me that they're there for me if I need them. For that to be our experience of a public hospital is beyond anything I ever expected."



Whether it's a quiet room to sit with a loved one, or a light-filled space to share precious moments, Jenny says that a thoughtfully designed and well-equipped space can make a huge difference.

"We watched people, like us, coming on to the ward shell-shocked and lost and saw how the teams wrapped around every patient, family member and even friend.

"It was the best possible care throughout the worst possible time," Jenny said. "Donate to Redcliffe Hospital, donate to the palliative care unit, because when your loved one needs the highest level of care, this is where you want them to be."

The extraordinary impact of giving More than \$1 million has been raised in the past five years for over 60 local projects, enabling teams to invest in people, programs of work and equipment such as:

- Two upcoming Palliative Care Unit renovation projects
- A planned Children's Ward playroom and parents' lounge renovation
- A Senior Nursing Researcher
- 11+ Research Internships
- Neonatal monitors, breastfeeding night lights for new mothers, virtual reality goggles to calm injured children, clothing for elderly patients and a recliner chair for heart failure patients.

"This isn't just fundraising, it's hope in action: the good we can do starts with you," said RBWH Foundation CEO Simone Garske. "Your generosity helps dedicated Redcliffe Hospital teams turn life-changing ideas into real-world impact. Together, we're building a better, healthier Queensland."

Join the local team on Wednesday, 11 June 2025 for Giving Day at Redcliffe Hospital. Do some good and have a great time doing it. Donations doubled by Raise it for Redcliffe Hospital Impact Partners from 1 May to 11 June. Make your gift now at [www.raiseitforredcliffe.com.au](http://www.raiseitforredcliffe.com.au).



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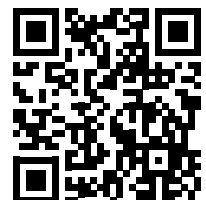


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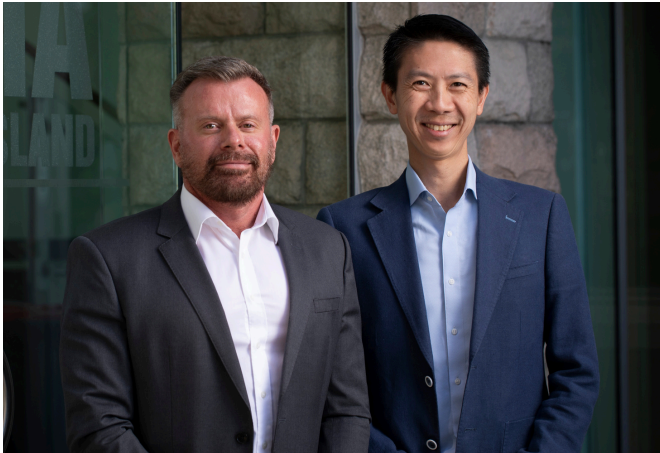
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## AMA QUEENSLAND UPDATE



AMA Queensland CEO Dr Brett Dale  
and President Dr Nick Yim

May is already proving to be a busy month for AMA Queensland.

With health taking centre stage in the recent federal election and upcoming state budget, we'll be intensifying our advocacy efforts to ensure promises are met and essential services are prioritised.

### FEDERAL ELECTION HEALTH PROMISES

While AMA Queensland recognises the huge focus on health in the lead up to the federal election, we remain concerned that many key opportunities for meaningful reform have been overlooked.

The morning after the election, AMA Queensland Immediate Past President Dr Maria Boulton shared some of these concerns on Weekend TODAY.

Specifically, the plan to increase patient access to GP care by raising the bulk billing incentive will not support all patients. Instead, increasing the Medicare rebate is needed to ensure broader and more accessible access for all patients.

AMA Queensland President Dr Nick Yim echoed these concerns in an earlier interview with 4BC radio.

"All doctors would love to be able to bulk bill 100 per cent of their patients, but unfortunately, this isn't possible because the Medicare rebate hasn't kept up with inflation," he said.

While we also need more infrastructure, particularly in rural and regional areas, we must also boost our workforce to meet demand.

Our Workforce Working Group continues to work on solutions to help guide government policies in this space in the lead up to the state election.



[Read more](#)



[Read more](#)

### STATE BUDGET

On 9 April, we 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.

We look forward to continuing these discussions throughout May and June as we release of our budget priorities.



Dr Brett Dale, Dr Nick Yim and Minister Tim Nicholls

## INCREASED SPECIALIST SUPPORT FOR THE REGIONS

The Central West Renal Unit program initially announced in 2022 was officially opened on 4 April at the Longreach Hospital.

This is a great step towards providing Queenslanders with world-class healthcare services at their front door.

The state government has committed to the capital expansion program for our public hospitals, and it is essential the remainder of these initiatives are implemented and continued.

This includes the promised 2,200 new hospital beds, accompanying waiting rooms, operating theatres and equipment. But we also need to see more medical staff to operate the new and expanded services.

We are pleased that these patients no longer need to relocate to places like Rockhampton, Townsville and Brisbane to receive renal dialysis care, and look forward continuing to work with the government to ensure other regional and rural communities are afforded the same access.



[Read more](#)

## VACCINES

On Wednesday 16 April AMA Queensland Immediate Past President Dr Maria Boulton joined Queensland Chief Health Officer Dr Heidi Carroll at a general practice in Newmarket to promote the importance of influenza and RSV vaccines.

This year alone there has been more than 16,000 cases of influenza in the Queensland community. This is nearly triple the five-year average for this time of year.



*Dr Heidi Carroll receiving vaccine*

There have been over 7,500 cases of RSV in Queensland this year – also significant number of cases considering the potential severity of the disease.

Vaccines are the most safe and effective way to prevent people from getting seriously ill or dying from such prevalent viruses.

We encourage everyone to make an appointment with their GP to receive their flu vaccine, and all eligible babies and pregnant women to do the same for RSV.



[Read more](#)



◆ SAVE THE DATE ◆

THE STAR CASINO  
FRIDAY 30 MAY



## QUEENSLAND'S MATERNITY SERVICES

Queensland's maternity services are in crisis, advanced by a lack of collaboration between the public and private sectors, and patients are being denied choice when it comes to having a baby.

Our public and private health systems play a vital, complementary role in offering patients accessible and affordable services of their choice.

However, the current lack of collaboration and the rise of care models that undervalue private obstetricians threaten this balance.

Specialist obstetricians, with over a decade of training, are essential for managing complicated pregnancies and births, and their diminishing presence jeopardises the safety and quality of maternity care.

To ensure all patients receive safe, best-practice care, both the state and Commonwealth governments must urgently work together to turn this crisis around.



This includes reforming the private health system to ensure it serves patients and health practitioners rather than corporate profits and investing in obstetric services to expand birth choices for women, regardless of where they live.

Doctors must be also supported to work in our maternity services, including through training supports, reduced red tape and costs, improved protections and genuine private-public partnerships.



[Read more](#)

## BOARD AND COUNCIL ELECTION

AMA Queensland members are currently voting for one of two candidates for AMA Queensland President, while other positions have been elected unopposed.

Townsville surgeon A/Prof Daniel Carroll and Hervey Bay GP and incumbent President Dr Nick Yim are contending AMA Queensland's top job.

Vice President Dr Emilia Dauway will serve a second term after being elected unopposed, along with nine other positions on AMA Queensland Council.

Members should have received a personalised email with a unique voting link and asked to vote for the roles of President, two Member Elected Directors and two Specialist Representatives.

Student members will be asked to choose one Medical Student Representative out of four candidates for the role.

The ballot will close on  
Monday 26 May.



[Read more](#)





## UPCOMING EVENTS

**Dinner for the Profession** - our industry's night of nights - is rapidly approaching, and this year's theme of fire and ice is set to dazzle the ballroom at The Star Brisbane.

We'll be joined by special guest speaker David Knoff, who spent 587 days in Antarctica as an expedition leader during the COVID-19 pandemic.

We'll also announce our AMA Queensland Award Winners for the year, and congratulate medical students receiving AMA Queensland Foundation bursaries.

Dress up in your coolest attire for the hottest night of 2025!



**SENIOR DOCTOR CONFERENCE**

**SATURDAY,  
9 AUGUST 2025  
VOCO HOTEL,  
BRISBANE**

ama.com.au/qld/events/  
SeniorDoctorConference25

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.



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CANADA  
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AMA QUEENSLAND

AMA QUEENSLAND 2025 ANNUAL CONFERENCE

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!



AMA QUEENSLAND  
**MEMBER  
Networking  
EVENT**

FRIDAY 20 JUNE | 3.30PM-6PM

HOTEL INDIGO, BRISBANE

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AMA QUEENSLAND



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

Our researchers have begun investigating the safety of a single dose of the investigational treatment in Coeliac disease participants with gluten challenge. Participants in this study will receive either the trial medication or placebo in the form of a solution to be injected in the abdomen. We are calling for participants who:

- are aged between 18 and 70 years and have a BMI between 18 and 35
- have medically diagnosed coeliac disease and experienced mild symptoms within the month before screening
- have been on a gluten free diet for at least 12 months prior to screening
- can attend 13 visits at our Morayfield clinic over 6 months

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

### Potential treatment for early stages of Alzheimer's disease

We are working on a Phase 2b trial to assess the safety, efficacy, and tolerability of a potential treatment for people with mild to moderate dementia due to Alzheimer's disease. The trial is being overseen by Principal Investigator Dr Peter de Wet at our Birtinya clinic and is supported by our experienced clinical trials staff. We are calling for participants who are:

- aged 50 years or older with mild to moderate Alzheimer's dementia
- able to attend 12 visits at our Birtinya clinic and be willing to provide blood samples over a 12-month period

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

### Triple-combination inhaler to target better lung and heart health outcomes

We are trialling a triple-combination inhaler to determine if it provides better outcomes for respiratory and cardiovascular health compared to current therapies for people with chronic obstructive pulmonary disease (COPD). Participants in this study will receive either the investigational triple therapy or the double therapy treatment, each administered via an inhaler, twice a day. We are calling for participants who:

- are aged between 40 and 80 years
- have diagnosed COPD
- are current or former smoker
- have high cardiovascular risk e.g. diabetes, obesity, high cholesterol, heart attack, heart failure, kidney problems, or had a cardiac or vascular procedure

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](mailto:trialparticipant@usc.edu.au)



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



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



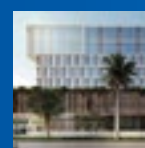
Sunshine Coast  
Haematology and  
Oncology Clinic  
10 King Street  
Buderim QLD 4556



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



Vitality Village  
5 Discovery Court  
Birtinya QLD 4575



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

To learn more, visit:  
[usc.edu.au/trials](http://usc.edu.au/trials)





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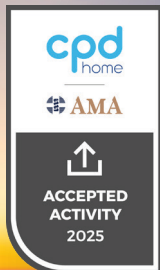
BRISBANE | 20 JUNE



TOWNSVILLE | 18 JULY

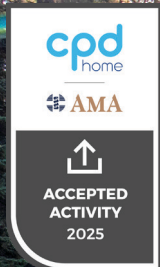


GOLD COAST | 5 DECEMBER



## SENIOR DOCTOR CONFERENCE

SATURDAY, 9 AUGUST 2025  
VOCO HOTEL, BRISBANE



## *Vancouver* CANADA

21 TO 27 SEPTEMBER 2025



## Are we true or pseudo-scientists?

### Mental Illness results from Negative Self-Hypnosis



By [Mal Mohanlal](#)



On 3 May 2025, an article by Dr Sue Ieraci, appeared in the online Medical Observer with the following headline: Are you an expert or just a doctor with a platform?

Here is a summary by ChatGPT:

- Dr. Sue Ieraci explores the boundaries between free speech and professional responsibility for doctors commenting on specialized medical topics. She questions whether doctors without direct experience or research in areas like immunology or vaccine development should publicly express opinions as "experts." While acknowledging everyone's right to ask questions and hold opinions, she stresses the need for those in the medical profession to base public commentary on valid, evidence-based knowledge and to stay within their scope of expertise.
- Ieraci highlights the dangers of misinformation — such as doctors inaccurately calling mRNA vaccines "gene therapy" — and urges reliance on credible sources like the Children's Hospital of Philadelphia for accurate scientific understanding. She emphasizes that the authority doctors carry in public discourse means their words can significantly influence public health decisions and patient behaviour.
- She clarifies that regulatory codes don't "gag" doctors but require them to consider how their public statements reflect on the profession. Ultimately, Ieraci calls for accountability, transparency, and a commitment to evidence-based practice when medical professionals participate in public debate.

Since I am critical of the way the medical profession treats the subject of hypnosis, I made the following comment:

- "Thank you, Sue, for an enlightening article. When it comes to mental health, evidence-based medicine is a joke to the medical profession. They ignore the evidence before them and do not want to look at their egos. How can one understand mental illness without understanding how the ego operates in the mind? When I say that our thinking process is hypnotic, and when we think we are hypnotizing ourselves, I get comments like "unhelpful, repetitive statements" and "unreadable gibberish". That is undoubtedly not a scientific approach. The significance of my observations can change the whole approach to mental illness. But doctors do not want to admit they are already hypnotized. They shy away from the word "hypnosis". Yet the very existence of their ego is dependent on self-hypnosis. Remember, it is unethical, unprofessional, unscientific and cowardly to attack the messenger when you do not like the message."

Not a single psychiatrist or psychologist followed up on this comment. But one doctor had this to say:

- "Mal, given the theme of Sue's article, do you not think that your response – from your second sentence onwards – ought be prefaced "In my opinion"..."

To which I replied:

- "Does it make any difference?"

He replied, saying: "Yes, Mal. I reckon it does."

## Are we true or pseudo-scientists?

### Mental Illness results from Negative Self-Hypnosis *Continued:*

- You've ripped into our Mental Health colleagues and made some bold statements without any solid evidence to support them.
- They are just your opinions and you're entitled to them.
- However, they are not facts.
- As Sue discussed, there's a difference."



My reply to this was:

- "Are you a psychiatrist or a psychologist? Do you understand anything about hypnosis? You have addressed the messenger, not the message. I write from my personal observations and knowledge. They can be verified or disproved if you are a true scientist."
- After this dialogue, I conclude that the medical profession does not understand hypnosis and is in the same boat as the rest of the population, whose knowledge is based on stage performances of hypnosis. We practice pseudoscience, not evidence-based medicine. In pseudoscience, we accept the evidence that suits us and ignore that which does not.

Please let me help you understand hypnosis. I will let you verify or disprove these statements in your mind, whether they are true or false. They are not my opinion. They are my observations.

You will need to understand Pavlov's conditioned reflex. Also, you must realise that our subconscious mind is a neutral field of energy, full of conditioned reflexes. Hypnosis is the conditioned reflex of words we use in our thinking process to make ourselves feel negative or positive when we are thinking. When we use words, the words hypnotize us.

We live in a hypnotic world, constantly thinking and using words. So when we think, we verbalize and this hypnotizes us. Verbalizing activates our thinking and feelings. If one stops verbalizing, our thoughts and emotions have no substance. It is verbalizing that creates the hypnotic effect.

The picture of reality that you see before you is timeless and eternal. It is a dimension of its own. When we think, the words take us away from this timeless dimension. The time dimension we live in is a hypnotic phenomenon. Words make us travel in time. So what we do is create a world of our own, a delusional world.

The ego in the mind is a product of self-hypnosis. It means it can only appear in our conscious mind by thinking (using words). Try to stop thinking and see what happens. You will find yourself unable to stop thinking. Thinking for the ego, in most people, is an obsession because the ego always wants to be in control. It is an ego-centric world we have created, a world of delusions.

Our mental health depends on the way we think. If we use a lot of negative words, we will feel negative. If we use a lot of positive words, we will feel positive. Negative words reflexively produce harmful chemicals in the brain, and positive words produce positive chemicals. So my advice to anyone is to learn to hypnotize yourself positively, no matter who you are or your belief system. If you are feeling negative, it means you are stimulating your subconscious mind negatively. Become aware of your thinking process, replace negative words with positive ones, and see what happens.

I trust the above explanation will help you understand your mind better and may help you add to my understanding of reality. Please read my online articles to wake up from self-hypnosis. Remember, it is unethical, unprofessional, unscientific, and cowardly to shoot the messenger and not address the message when one dislikes it. Be a true scientist by acquiring self-knowledge.

# Lady Elliot Island

By

Cheryl Ryan



Lady Elliot Island, Queensland  
Nestled cosily in the Great Barrier Reef, Lady Elliot Island is a diver's paradise! With breathtaking views of the coral reef, the island offers more than just a routine diving experience -- from swimming along and playing chase with the gentle giants that are Manta Rays, to clicking a selfie with lazy turtles thronging the clear blue waters.

Lady Elliot Island has been rightly named as one of the top five diving destinations of the world. And rightly so -- it is as much a spot for an off-the-grid holiday in the lap of Mother Nature, as much as it is a paradise for every hydrophile on the planet with breathtaking underwater experiences found nowhere else on the planet. A short flight away from the coast of Queensland, the island is one of the closest and easily accessible coral islands situated in the Great Barrier Reef. You can choose to visit the island as a quick stop on your day-trip or stay overnight to have a complete immersive experience at any of the certified eco resorts with rooms just meters away from the sea.

What we have planned for you

- Start your morning with a lagoon walk which offers a tour of the reef and coral exploration on foot, yes on foot! You are provided with protective foot gear and handed a special viewing device called a seascope along with a walking pole to aid in the exploration of marine life up close. The tours are guided by expert marine biologists and conservationists to help you gain more insight into the life and times of the coral landscape.
- Post your unique morning walk, it is time to sail into deeper waters and go snorkeling with Manta Rays. Lady Elliot Island is known for being host to the largest congregation of Manta Rays. These

gentle giants can have wingspans up to seven meters! But they will be happy to play a game of chase with you.

- If you time your visit to coincide with the turtle breeding season, which lasts from November to February, you can get a chance to spend the night visiting and guarding turtle nesting sites only to help release the hatchlings safely into the sea the following morning.

- And if you plan to stay a while longer, spend the day diving into the deeper waters where the visibility extends as far as 20 meters. It gives you a chance to swim alongside schools of fish and gaze longingly at the exquisite color palette of the reef, allowing you to get a firsthand experience of why the island is known as a diver's paradise!

- The best way to spend the night is to hop onto the glass bottom boats equipped with UV lights to explore the coral reef come alive at night. The light enables you to view the coral polyps awakening and catch glimpses of the various marine species which are their most active after sundown.

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## ***Turbocharge your super before 30 June***

More than half of us set a new financial goal at the beginning of 2025, according to ASIC's Moneysmart website. While most financial goals include saving money and paying down debts, superannuation should also be factored in as part of your overall saving strategy.

The months leading up to 30 June provide an opportunity to review your current super balance to look at ways you could help boost your retirement savings.

### **How to boost your retirement savings**

Making additional contributions on top of the super guarantee paid by your employer – whether big or small, could bring a host of benefits and make a big difference to your retirement balance thanks to the magic of compounding interest.

#### **There are a few ways to boost your super before 30 June:**

- **Concessional contributions (before tax)**

These contributions can be done from either your pre-tax salary via a salary-sacrifice arrangement through your employer or using after-tax money and depositing funds directly into your super account. Check to see what your current year to date contributions are so any additional contributions you may make don't exceed the concessional (before-tax) contributions cap, which is \$30,000 from 1 July 2024.<sup>iii</sup>

- **Non-concessional contributions (after tax)**

This type of contribution is also known as a personal contribution. It is important not to exceed the cap on contributions, which is set at \$120,000 from 1 July 2024.<sup>iv</sup>

- **Carry forward (catch-up) concessional contributions**

If you've had a break from work or haven't reached the maximum contributions cap for the past five years, this type of super contribution could help boost your balance – especially if you've received a lump sum of money like a work bonus.

There are strict rules around this type of contribution, and they are complex so it's important to get advice before making a catch-up contribution.

- **Downsizer contributions**

If you are over 55 years, have owned your home for 10 years and are looking to sell to downsize, you may be able to make a non-concessional super contribution of as much as \$300,000 per person - \$600,000 if you are a couple.

- **Spouse contributions**

There are two ways you can make spouse super contributions, you could:

- split contributions you have already made to your own super, by rolling them over to your spouse's super – known as a contributions-splitting super benefit, or
- contribute directly to your spouse's super, treated as their non-concessional contribution, which may entitle you to a tax offset of \$540 per year if they earn less than \$40,000 per annum

Again, there are a few restrictions and eligibility requirements for this type of contribution. So, seize the moment and avoid the set-and-forget approach to super. Taking action today could make a big difference to your retirement.

### **How long-term performance affects your savings**

Reviewing your superannuation fund's performance regularly can pay off in the long term to ensure your investment suits your needs.

It doesn't mean that you should constantly change your fund to chase better returns but rather check to see that your fund is performing well in comparison to other funds.

**Get in touch with Poole Group** for more information about your options and for help with a super strategy that could help you achieve a rewarding retirement.

[poole@poolegroup.com.au](mailto:poole@poolegroup.com.au) / 07 5437 9900

i [Transferring or consolidating your super | Australian Taxation Office](#)

ii [Salary sacrificing super | Australian Taxation Office](#)

iii [Concessional contributions cap | Australian Taxation Office](#)

iv [Non-concessional contributions cap | Australian Taxation Office](#)

## Alarm bells ring over Bupa's aggressive vertical integration plans

Bupa's reported aggressive plans to expand its own network of medical centres by a further 130 and create 60 of its own mental health clinics is a major red flag for Australia's private health system, which is now at risk of being plunged into a US-style model.

Australian Medical Association President Dr Danielle McMullen said the health insurer's reported agenda to funnel 25 to 30 per cent of the cases that it manages through its own "ecosystem" of Bupa-controlled facilities raises serious questions about conflicts of interest.

"We are concerned Australia is hurtling towards a US-style system of vertically integrated managed care, where health funds have too much say over the clinical care that patients receive," Dr McMullen said.

"It is crucial that we avoid a scenario where profits are put before patients, like we have seen happen in the US with disastrous results. Clinical decisions must remain in the hands of doctors and their patients — not influenced by insurers or corporate ownership — so that care is guided by need, not by financial incentives."

Bupa already owns 180 dental clinics, 50 optical stores and 22 medical centres in Australia and it is not the only insurer pursuing this type of aggressive agenda.

Medibank has been moving to own or have a share in more and more health services and there is little that can be done to stop this march by insurers in the current regulatory environment. Current health legislation allows private health insurers to set up, take-over and own health service delivery businesses.

"The conflict of interest in an insurer both funding and delivering care is incredibly obvious — and while these insurers will

use spin to explain away these concerns, it is vital the new government moves quickly to address this, including through the establishment of a private health system authority to oversee the sector," Dr McMullen said.

"Patients should be very worried when private health insurers are setting up an environment where they are potentially able to access more information than ever before about a patient's health and interfere with decisions that should be made by a patient after talking with their doctor in the safety of a private consultation."

The AMA is also deeply concerned about Bupa's plans to roll out whole genome sequencing for selected customers in Australia.

"Patient gene information is not to be taken lightly, and it is too risky to give this to insurers, who could use it to quietly bypass existing community-rating legislation that requires private health insurers to charge Australians the same price for any given private health insurance product, irrespective of their medical risk," Dr McMullen said.

"While the federal government has promised to pass legislation that would ban the use of adverse genetic test results in life insurance underwriting, this has yet to happen."

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# *Where We Work and Live*

**Australians involved in the Korean War Korean War, 1950-53**  
<https://www.awm.gov.au/articles/atwar/korea#>

## **Korean War, 1950-53**

Only five years after the end of the Second World War, Australia became involved in the Korean War. Personnel from the Royal Australian Navy (RAN), Royal Australian Air Force (RAAF), and the Australian Regular Army (ARA) were committed soon after the war began and would serve for the next three years in the defence of South Korea.

### **Prelude to war**

The origins of the Korean War can be traced back to the end of the Second World War, when the Allies were entrusted with control of the Korean peninsula following 35 years of Japanese occupation. The United States and the Soviet Union accepted mutual responsibility for the country, with the Soviets taking control of the country to the north of the 38th Parallel and the Americans taking the south.

Over the next few years, the Soviet Union fostered a communist government under Kim Il-Sung and the US supported the provisional government in the south, headed by Syngman Rhee. By 1950 tensions between the two zones had risen to the point that two increasingly hostile armies had built up along the 38th Parallel.

In the pre-dawn hours of 25 June 1950 the Korean People's Army (KPA) launched a massive offensive across the 38th Parallel into South Korea. They drove the Republic of South Korea's (ROK) forces down the peninsula, capturing the capital, Seoul, within a week. South Korean and hastily deployed United States Army units fought delaying actions as they were forced further down the Korean peninsula, which allowed defensive positions to be set up around the port city of Pusan.

### **Australia commits**

Within two days of the war's beginning, US President Harry S. Truman committed US navy and air force units to aid South Korea. By the end of the month, he had authorised US ground forces to be deployed to the

peninsula. The United Nations Security Council asked its members to assist in repelling the North Korean invasion.

The Security Council was aided by Russia boycotting the UN over its lack of recognition of the communist Chinese government. With the Russian delegate absent and unable to veto any resolution, the UN was able to act decisively and commit forces from willing nations to the aid of South Korea.

In all, 21 nations committed troops, ships, aircraft, and medical units to the defence of South Korea. Australia became the second nation, behind the United States, to commit personnel from all three armed services to the war. Australia, with its commitment to the British Commonwealth Occupation Force in Japan, had two readily deployable RAN vessels, HMAS Shoalhaven and HMAS Bataan (which was on its way to Japan to relieve Shoalhaven), as well as No. 77 Squadron, RAAF.

The 3rd Battalion, Royal Australian Regiment (3RAR) was also available, but it was understrength and ill prepared for a combat deployment. On 28 June Prime Minister Robert Menzies committed Australia's RAN assets to the Korean War, followed several days later by No. 77 Squadron. It wasn't until 26 July that 3RAR was committed to ground operations in Korea.

### **First to fight**

On 1 July HMAS Bataan and HMAS Shoalhaven left Japanese waters escorting US troop ships to Pusan. The following day, No. 77 Squadron, led by Wing Commander Lou Spence, flew the first ground support operations over Korea, becoming the first British Commonwealth and United Nations unit to see action in the Korean War. Over the next few weeks, No. 77 Squadron flew numerous sorties against KPA forces and, along with other allied air units, greatly assisted in slowing the North Koreans' advance. **Continued next month.**



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