



# wellnews



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The newsletter of  
Wellness on Wellington

Spring 2015

At the Monash university graduation in 1986, the guest speaker pointed out that whilst the young doctors' heads were stuffed full of the latest medical knowledge, within five years fifty percent of what they had learned would be wrong. "But" he added, "we don't know which fifty percent."

Patients can therefore be forgiven for being confused about the many changes in health care advice they hear in the media and receive from us. This edition of Wellnews tries to clarify some of those issues including the vexed question of how much sunlight is too little or too much and how to work your way through the dozens of contraceptive options.

One thing that never changes in medicine is the pressure from government to keep costs down. We explain the impact of the Medicare rebate freeze on practices and patients. And Dr Rimma Medres has also written an article on how we can help you deal with mental health issues. Finally, don't forget our Facebook and Twitter feeds as well as the website for latest news from Wellness on Wellington.

## The Long Freeze

Despite the protestations of patients, doctors and health care advocates, the Federal Government has enforced its threat to freeze Medicare rebates for the next four years. This comes on top of an eight month freeze less than two years ago.

The freeze means that patients who are charged a fee will not see any increase in the rebate from Medicare until 2019. For patients who are bulk-billed, the payment claimed by the doctor will not increase for the same period.

For the record, the cost of running a medical clinic increases annually at a rate significantly more than CPI inflation. This is because of the ever increasing standards required for updated medical equipment, sterilisation, staff training etc, all of which outpace inflation.

No business can afford to freeze its prices for four years whilst its costs increase annually—at least not without

significantly dropping its standards.

It is clear that this is actually the intention of the Federal Government. Since its initial attempts to legislate for a copayment system that would oblige doctors to charge patients rather than bulkbill them were rejected by the Senate, it has introduced the rebate freeze (which did not require Senate approval) to progressively squeeze doctors over the next four years into charging more patients and more often.

Despite our best efforts, we are not able to fully absorb the impact of the Medicare freeze. Some practices have responded by abolishing bulk-billing completely but we have chosen not to do that.

However patients will need to be aware that some visits, procedures and sup-

plies which were previously delivered with no out of pocket cost will now require a patient contribution.

We now charge a small co-payment for usage of consumables such as liquid nitrogen (when freezing warts etc), wart paste, infusion sets and similar.

Unlike many practices, we are willing to provide test results over the phone without requiring you to come in just to be told everything is OK. However we do emphasise that in nearly all

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cases scripts and referrals are not provided without an appointment. Regular medications require regular

reviews and referrals to specialists are required by Medicare to be made after consideration of the patient's condition. On those occasions when a referral or script is given without an appointment, a fee will be charged.

Our aim is to continue to provide excellence in health care for many years to come. To do so requires that the service be adequately funded. We encourage you to speak to your parliamentary representatives about where that funding should come from.

**Wellness on Wellington  
1101 Wellington Rd, Rowville  
9780 8900 - all hours, every day.  
www.wellonwell.com.au**

**We are open every day of the year:**

Monday - Friday	8.00 am - 9.00 pm
Saturday - Sunday	9.00 am - 5.00 pm
Public Holidays	9.00 am - 1.00 pm
(Christmas & New Year Day 10.00 am -12.00 noon)	

**For patients of this practice with urgent problems after hours, a doctor from the clinic can be contacted by calling the surgery and following the instructions on the answering machine.**

**Save a life—**

**your own or your family's!**

Update your home phone, work phone, mobile phone and address at reception!  
**Please also update the contact details for your Emergency Contact.**

## Mental help

Mental ill-health is one of the most common reasons for coming to the doctor. There are 3 million people in Australia who suffer from depression or anxiety, and it is estimated that another 3 million are undiagnosed. It is the leading cause of morbidity (loss of enjoyment of life and loss of income) in the world today. There are many reasons why this is: our personality, health, family circumstances, financial problems, lifestyle, our expectations of ourselves and the world around us. Quite often people come in

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### ***We will not think that you are crazy, weird or losing your marbles***

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and ask “Why is this happening to me now, I’ve always been able to manage things!” But everyone has a limit to their resilience and if you have reached yours, please don’t ignore it.

The common symptoms of problems are: persistently low mood, poor energy levels, no drive or motivation to do things, poor sleep, poor appetite, feeling like nothing brings you pleasure, low sex drive, withdrawal from social activities, feeling nervous for no reason and having thoughts of wanting to end things.

The first thing we encourage you to do is to talk to us about your feelings. In such times a lot of people feel like they cannot burden others with their problems and they feel that they are strange or weak for not being able to cope better. It makes sense therefore to talk to a professional.

GPs are very experienced at dealing with mental health issues and are able to assess and advise where and how to get help.

If you bring this up with your GP, we will not think that you are crazy, weird or losing your marbles.

A GP is also trained to identify if there are underlying medical problems causing your feelings and decide if any testing is needed.

When people feel very low, sometimes it feels like there’s no way out. Please know that there IS a way out and we CAN help you get through this. Please let us or someone near you know about how you feel.

We always have a doctor on call available at Wellness on Wellington, and there are helplines like the Suicide Call Back Service: 1300 659 467, Lifeline: 13 11 14 and Kids Help Line: 1800 55 1800 which are available 24 hours per day.

The good news is there is lots of help available and we will discuss those in the next few issues of Wellnews.



## On hammers and babies

Contraceptive options abound! From the pill to condoms to injections to implants and more, the range of options is massive. The problem with plentiful choices is that it can be difficult to know which option is best. For those who have completed their family, there is also the option of sterilisation – vasectomy or tubal ligation

Broadly speaking, we divide contraceptives into hormonal and non-hormonal. The latter include methods like the diaphragm, condoms and the copper IUD. These methods don’t alter the woman’s menstrual cycle. For women who want to minimise the “drugs” in their body, these methods are the most appealing. However condoms and diaphragms are not considered wonderfully reliable methods of birth control (though condoms have the benefit of reducing sexually transmitted infections) and copper IUDs can make periods heavier or more painful.

Hormonal contraceptives include the pill, low dose pill, minipill, Depo injections, Implanon rod, Nuvaring vaginal device and the Mirena IUD. Each of these methods has advantages and disadvantages; different risks and benefits; side-effects good and bad. For example most progesterone-only methods (like the minipill, Implanon and Mirena) may result in short term irregular bleeding but in the longer term lighter, rarer or even no periods. Health experts are now strongly advocating for the long-acting progesterone-only methods. If you are coming to discuss contraception

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with your doctor we strongly suggest that you keep an open mind. When discussing the possibilities, it often turns out that patient’s initial preference isn’t the best option for them. Your GP is best placed to guide you through the decision making process.

Many doctors are only able to offer a limited range of contraceptive options because they are not trained in all methods or don’t have the facilities to provide all choices. That sometimes leads to a bias in their advice towards the methods with which they are most familiar. As the saying goes “To a man with a hammer, everything looks like a nail”.

Wellness on Wellington is one of the few clinics that offers the complete range of contraceptive options and we can therefore discuss with you the method most suited to you, your partner and your family’s needs.

Rather than just a hammer, we are able to offer the complete tool kit!

## Why are we waiting?

Waiting times continue to be the biggest bane of patient’s encounters with GPs. We know it and we hate it as much as you do...but we still haven’t found an adequate solution. If we did—we’d be the only GP clinic in the country that had one!

There are three main reasons that doctors keep patients waiting. First—emergencies. Some patients need to be seen, even without an appointment. Emergencies are surprisingly common in general practice (and we take pride that at Wellness on Wellington we can handle most minor emergencies as well as but much quicker than hospital emergency departments).

Second—complex problems. Sometimes patients expect us to deal with seven or eight problems in a single visit. At other times, they may have booked an appointment for what they feel is a simple or single issue but we find the matter much more complex than they anticipated. This can take considerable time to sort out, and not always is it appropriate to ask a patient to return the next day to deal further with the problem. Finally—patients arrive late. If we then provide a full consultation to that patient, not just the next patient but everyone for the rest of the session will also be kept waiting.

We genuinely do our best to run on time. And we genuinely try to give each patient as much time with us as they need, without rushing them out the door. Balancing those two competing forces can be very difficult indeed. We’re very happy to hear your suggestions on how we can best achieve both those goals.

## From the medical press

Each issue we bring you a few interesting developments in the world of medicine with references so you can read more.

The best treatment for a sore back might be to do nothing rather than early use of physical therapy. 220 people with recent back pain were divided into groups that got therapy and those that didn't. The improvement for the treated group was

statistically better than the other group but not regarded as clinically important. <http://jama.jamanetwork.com/article.aspx?articleid=2456165>

Does knee replacement actually make peoples lives better? 100 patients with

arthritis were split into a group that got knee replacement and one that got lots of therapy but not surgery. The surgery group had more complications but also less pain and better function.

<http://www.nejm.org/doi/full/10.1056/NEJMoa1505467>

### Sunshine—how much is just right?

For years, we've been reporting on the battle between endocrinologists and dermatologists over how much sun is too little, too much or just right.

Dermatologists have been campaigning for years to reduce the degree of sun exposure that Australians encounter because we have the highest rate of melanoma in the world, and we know that the more sun we encounter, the greater the risk. Over the past twenty years, the rates of skin cancer have been decreasing and that can be clearly linked to the "Slip, Slop, Slap" campaign that started ten years earlier.

On the other side of the equation has been a steady increase in osteoporosis and an increasing awareness of the role of Vitamin D in many body functions. We know that Vitamin D levels are lower than they used to be and that many people don't reach the recommended levels—though it must be said that exactly what those levels are is itself a matter of some debate. Nevertheless, the endocrinologists (doctors who deal with hormones and conditions like osteoporosis) have been calling for greater awareness of the problems with low Vitamin D. However they've been fighting against the entrenched wisdom of "less sun is better" established by those trying to prevent melanoma.

Recently there was a major meeting where all sides put their case and released a joint position statement which was endorsed by the Australasian College of Dermatologists, the Australian and New Zealand Bone and Mineral Society, Osteoporosis Australia and Cancer Council Australia.

In brief—in Melbourne— wear sunscreen in summer when the UV index is above 3. In winter, 10 minutes of sun on the hands and arms each day is enough to keep most people's Vitamin D levels in the recommended range.

### Oxygen—how much is just right?

It may seem an odd thing to say, but oxygen is a drug just like any other, and needs to be used just as carefully. Traditionally, we've thought oxygen was always safe, that more was better and it never hurt to "boost those oxygen levels a little". So hospitals, ambulances and GPs were quite happy to pop-on an oxygen mask whenever somebody looked at all unwell.

Recent research has turned that idea on its head. It turns out that using oxygen too enthusiastically may contribute to preventable deaths in some common acute conditions.

One reason is that oxygen doesn't just go to the areas of the body where it is wanted, but all over. An example is in patients having a heart attack. We used to think that the damaged heart muscle would respond better and return to good health if we loaded the body—and therefore the muscle—with oxygen. The problem seems to be that by stimulating that muscle, it releases toxins into the blood that damage other bits of muscle. By reducing the oxygen, we can limit the damage. The theory that giving oxygen in selected cases rather than to all patients with chest pain was recently trialled by a number of hospitals and ambulance services in Australia and the results showed that patients who didn't routinely get oxygen did better overall.

It's important to note that this doesn't mean oxygen is always a bad thing. We can use a little monitor on your finger to measure your oxygen levels and if they are low, then oxygen certainly still has benefit. It is only an issue for patients who are given additional oxygen when their levels are already good.



### Zappity Doo Da

We are strong believers in everyone, from childhood onwards, being trained in First Aid. Everyone should learn to recognise and manage simple emergencies (even young children can be taught how to dial 000) and everyone from the teen years onwards should learn CPR.

Following a cardiac arrest (where the heart stops beating), CPR – cardiopulmonary resuscitation – is a critical way to keep someone alive until more trained help can arrive. Death will occur within 4 – 6 minutes without CPR.

It is important to keep up to date because the recommendations on how to do CPR change. For example the latest guidelines put more emphasis on chest compression than on respiration – ie the chest pumping is more important than the mouth-to-mouth component. CPR certificates need

to be updated every one to three years, so doing refresher courses is essential.

There is one method which is even more useful than CPR for treating cardiac arrest and that is defibrillation. You have certainly seen on TV the scene where the doctor rubs two paddles together, shouts "Clear", sends an electric shock through the patient—then bows to the applause when the patient comes back to life.

It's not always that dramatic but defibrillation is the most effective way of restarting a stopped heart. Whilst CPR alone provides only a 5% survival rate after a cardiac arrest (but 5% is better than the 0% if you do nothing!), using a defibrillator plus CPR increases that to 50%!

Many public places – shopping centres, schools, sports venues – have a defibrillator on site. (Of course we have one at

Wellness on Wellington, though surprisingly most medical clinics don't!) They are marked AED (Automated External Defibrillator) and are incredibly easy to use. There are really just three steps involved and there will be very clear diagrams or a commanding voice from the AED which gives instructions.

Open the AED. Push the big button marked On (or Button 1). Attach the leads to the device and to the patient (there will be a picture) then push Button 2. The machine will decide if defibrillation is needed and if yes will tell you to push Button 3. Stand clear of the patient while you do so. Continue CPR and using the AED till help arrives.

And hopefully you too can then bow to the applause for saving a life!

# Wellness Whispers

## NEW STAFF

We've got quite a mix of new staff to introduce in this edition—new-new staff; new-again staff and old-new staff.

First, we welcome **Maree Mohamed** who recently joined our reception team. Her reaction has been “Wow!! I am so excited and very privileged to be a part of Wellness on Wellington and a great team. I'm very thankful to all who have guided me so far.

“I have been a receptionist in a few different workplaces but I had an interest in the medical field in the last 8 years. I have four wonderful kids, enjoy music, dancing and theatre. I also volunteer for two aged nursing homes. I love travelling and hope one day to follow my dreams to Europe. My new journey has just begun. Thank you WoW.”

We also welcome back **Holly Walsh**: “I have worked full-time for five years now since completing high-school in 2010. I was lucky enough to complete a 12-month traineeship at Wellness on Wellington, then went on to work in a variety of roles including Legal Administration and Specialist Consulting Suites.

“In 2014 my adventurous nature took me to England where I lived for six months and worked in a legal firm.

“Once I returned to Australia I tried a few different jobs and found myself missing the fast paced and rewarding world of general practice reception. When I responded to the blind ad on Seek I was thrilled to receive a call from Louise informing me that the role was at my old home at WoW! The team have welcomed me back with open arms and I'm looking forward to a long and happy future here at Wellness on Wellington.”

Finally—and with our deep apologies for the delay! - a belated introduction for our receptionist **Cheryl Williams**.

“I've waited almost two years for this moment but here I am and by now everyone knows me!

“I moved to Australia in early 2008 from India. I have two wonderful kids growing up so fast in height and age. How time flies. In my busy life I try to find time to indulge in reading novels or swimming.”

We welcome all our new (and not so new) staff members and look forward to long years of care.

## FAREWELL TO STAFF

Sadly we have to farewell two of our longstanding doctors who have left us for personal reasons. **Dr Anna Harris** has relocated to Geelong for family reasons and **Dr Jonathan Brown** has joined a friend in establishing a new practice in Diamond Creek.

We're very grateful to these doctors for the care and collegiality they've provided over many years and wish them well in their future, professionally and personally.

## FUTURE STAFF

Wellness on Wellington is well known for the quality of its training and dedication to teaching. We employ a receptionist trainee each year as part of our commitment to developing the job skills of local youth and we have been providing training placements for nursing students for many years. A big dividend for us is that the best of

these trainee staff join us for ongoing long-term employment.

The clearest example of that is our commitment to developing tomorrow's doctors. Of our 19 GPs, fourteen started here as registrars in the GP training program. Many of our patients have seen our registrars at one time or other and been impressed by their enthusiasm and passion for medicine. Whilst it's very sad when our registrars leave the practice to continue their training in other clinics, we're delighted that so many of them return to us for the long term.

Our popularity and standing as a training practice is such, that in the recent matching process where about one hundred trainees apply to about one hundred practices for jobs in 2016, we received fifty applications for just three positions.

We're delighted that our practice is so well regarded within the training program, and thank you—our patients—for your part in welcoming and working with our registrars.

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The information in this newsletter is general in nature and cannot be relied upon in any particular case. Serious conditions may appear minor and vice-versa. We therefore advise that if you have any concern about your health, you should consult your doctor at the earliest opportunity.