



# wellnews



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The newsletter of  
Wellness on Wellington

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For decades Medicare rebates have failed to keep up with rising inflation, let alone the escalating costs of medical practice, where new equipment, sterilisation standards, accreditation requirements and staff costs exceed inflation. But recently Medicare actually cut the rebate for the most needy patients, which has resulted in us having to change our fee policy. We explain why and how below.

The bulk of this newsletter describes lots of horrible ways to die –infections from animals, infections from food and the terrors of our Western diet and lifestyle. Fortunately, nearly all these horrible outcomes can be avoided with simple vaccines and minor changes to diet. Read on to learn more.

Finally, the medical year traditionally begins in February when many doctors change their jobs. Our gossip page will tell you about all the doctors coming and going from Wellness on Wellington over the next few months. On behalf of all our staff—we wish you good health!

## Our new billing policy and why it had to change

We take great pride in providing great service at Wellness on Wellington, and there are lots of indicators, internal and external, which confirm we that do, ranging from our patient satisfaction scores, to being rated one of the top five practices in the country. Providing first class facilities, systems and service comes at a cost. Whilst we would love to bulk-bill all patients all the time, the Medicare rebate has increased so little over the past 45 years that it simply isn't viable. However as an acknowledgement that children are often sick and that some patients are financially disadvantaged, we have for many years had a policy of bulk-billing those groups for consulta-

tions at the clinic between 9am and 4pm.

Medicare does provide a financial incentive item to practices to encourage bulk-billing children, pensioners and health care card holders. Whilst the incentive is still considerably less than our normal fees, we have been willing to accept it to assist patients in those groups.

However on January 1st, Medicare reduced that incentive by one-third. This makes it impossible for us to continue providing the level of care that we expect of ourselves for all patients,

whilst remaining a financially viable business.

We have considered many options in how to

deal with this major problem. We rejected those that involved a reduction in care or treated discounted patients differently from other patients. We also surveyed our patients for two months to ask your opinion and we thank the nearly 1000 patients who took the time to fill in that form. From April 1st, our new policy will be for all patients previously bulk-billed to be charged our discounted fee (currently \$73, with a gap of \$34.80) **for their first appointment each calendar year** between 9am and 4pm. Subsequent consultations during that year will be bulk-billed during those hours. (Of course our regular fee policy continues to apply for visits outside those hours and for procedures, home visits and other consultations.)

Full details about the billing policy are available on our website ([www.wellonwell.com.au](http://www.wellonwell.com.au)).

Please speak to our receptionists or your doctor if you have any questions.

***On January 1st, Medicare reduced the bulkbilling incentive by one-third***

**Wellness on Wellington  
1101 Wellington Rd, Rowville  
9780 8900 - all hours, every day.  
[www.wellonwell.com.au](http://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.**

## The deadliest disease?

One of the most feared infections for generations has been rabies, because it kills nearly 100% of the people who contract it. In Australia we don't think about the condition very often, for our isolation and strict quarantine rules mean that, except from bats, there has never been a case of rabies contracted in Australia. However, Australians who travel abroad are often exposed to rabies risks, and it is important to know what to do before and after potential rabies exposure.

Rabies is caused by a lyssavirus that is transmitted by animal bites. Commonly dogs, monkeys and bats are infected so it is vital to stay away from those creatures whilst overseas—no matter how cute they seem. Even a lick from an infected animal can infect you if you have an open wound on your hand, or if the saliva enters your nose, eyes or mouth. It is therefore important to wash hands very carefully (especially for children) if you have even touched an animal overseas.

Rabies can be prevented by a series of vaccinations before travelling. We don't recommend this for all trips but if you are going overseas for a prolonged period, will be in contact



with animals, and won't have access to good medical care, then vaccination may be a very good idea.

Avoiding close contact with both wild and domestic animals is definitely the best way to reduce risk. Take care with stray dogs or cats and be very aware of street animals when walking or riding. Do not let young children feed, pat or play with animals—their height makes bites to the face and head more likely, and bites in those areas increase the risk of developing rabies and reduce the time to onset.

Do not carry food, and do not feed or pat monkeys, even in popular areas around temples or markets where travellers may be encouraged to interact with monkeys. Especially avoid contact with bats.

Once exposed to a bite or scratch from a potentially infectious rabies animal, it is vital to get treatment as soon as possible. Wash the wound thoroughly with soap and water. Seek medical attention quickly for both antidote (rabies immunoglobulin (RIG)) and for post-exposure immunisation. Unfortunately RIG is in critically short supply across the world and in Australia is being rationed. There is an alternative product called KamRAB which is not registered for use in Australia but may be used whilst RIG is unavailable.

## Soft drinks are hard killers

We know that soft drinks are bad, but recent research in Europe has shown that all soft drinks, whether they're sweetened with sugar or artificial sweeteners, may raise the risk of premature death.

An excellent study published in the Journal of the American Medical Association (JAMA), followed around 400,000 adults for more than 16 years. It showed that the risk of premature death was higher in those who consumed two or more glasses of soft drink a day. Surprisingly, the risks were worse for those who drank artificially sweetened drinks, rather than those who drank sugary drinks. Of course that does not mean that the sugar-laden drinks are safe!

The study used data from the European Prospective Investigation into Cancer and Nutrition, which looked at people from multiple countries over many years and carefully assessed their diet, including soft drink consumption.

The researchers analysed the data, taking into account other factors that could increase the risk of death, such as being overweight and smoking.

They found that compared with those who drank less than a glass of soft drink a month, those who consumed

two or more glasses of soft drink a day were:

- Overall 17% more likely to die early.
- Those who drank sugar-sweetened soft drinks were 8% more likely to die early.
- Those who drank artificially sweetened drinks were 26% more likely to die prematurely.

The results don't absolutely prove that soft drinks are the cause of premature death. Those who drank more soft-drinks often were overweight (no great

surprise) and were more often smokers (which is a little harder to explain.) But even when the researchers adjusted for the increased risks that those conditions cause, there was still an increased death rate in soft-drink consumers.

The authors of the study at the International Agency for Research on Cancer strongly argued that everyone should strictly limit their use of sugar-sweetened soft drinks and replace them with healthier fluids. Of course the healthiest of all is plain water.

The researchers also agreed that they need to do more work to understand how artificially sweetened drinks result in such a large increase in premature death.

Another study, published in the important British journal, The Lancet, showed that quitting smoking is one of

the most important things that patients with diabetes can do.

People who quit smoking often complain that they put on weight and worry that this offsets any benefit they receive from stopping smoking. But the researchers showed that even those diabetics who put on 5kg after stopping smoking, had a 40% lower risk of dying than those who kept smoking and maintained a steady weight.

In other words, moderate weight gain is less of a risk for diabetics than smoking is.

We strongly encourage all patients who smoke to see their doctor to discuss ways we can help you stop. This is doubly im-

portant for patients with diabetes who have poorer circulation than the general population. In turn, that leads to the risk of blockages of the arteries to the head (causing stroke), to the heart (causing heart attacks and cardiac arrests) and to the legs (causing the painful, debilitating condition called peripheral vascular disease, which can ultimately lead to feet or whole legs being amputated).

Our team of diabetes educators, dietitians, psychologists, exercise physiologists, podiatrists and others can do a lot to help you stop smoking, manage your weight, improve your diet, control your diabetes and live longer and healthier. See your GP to get the ball rolling on better health!

**Two glasses of soft drink a day increases risk of dying by 17%**



## From the Medical Press

A short summary of articles in the medical press that may interest you:

Eating two carrots a day might decrease your risk of getting skin cancer, particularly squamous cell cancer SCC.  
<https://jamanetwork.com/journals/jamadermatology/article-abstract/2739070>

Loneliness increases your risk of dying after heart attack  
<https://heart.bmj.com/content/106/2/140>

Some running is good for you. More running is even better for you. Too much running is bad for you.  
<https://bjsm.bmj.com/content/early/2019/09/25/bjsports-2018-100493>

It isn't essential to get exact position in wrist fractures in the elderly, as it doesn't change the functional outcome.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2758860>

A single, low PSA test result in your late 50s, gives over 98.5% chance of not getting prostate cancer over the next 15 years.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2758743>

## Bali Belly ....and other ills

Holidays are wonderful things and we should all take lots of them. With airfares getting cheaper, lots of us travel overseas for both short and long term trips.

Travel has become so common that lots of patients become complacent about the protection needed when travelling. This is particularly true of overseas destinations that are close and commonly visited without lots of horror stories.

Everyone knows about Bali belly but more serious illnesses are not uncommon, even for patients staying at resorts or fancy hotels. What matters is not how shiny the lobby and dining room are, but how clean the kitchen is and those who work there.

We know that lots of people travel to Bali without vaccination and return without any problems. But travel vaccines are a form of insurance policy and you only really wish you had it after you need it.

Recently one of our patients returned from Bali with high fever, abdominal pain, vomiting and diarrhoea. These are common symptoms in travellers and might be nothing more than a gastro-bug, but our doctor thought the severity of the symp-

toms was unusual and ordered some tests. To everyone's surprise, the initial results came back strongly suggesting this patient was suffering typhoid.

Typhoid is caused by a Salmonella germ and is spread by eating food or drinking water that is contaminated by the faeces of another person who suffers the condition. It is one of the reasons that handwashing or at least sanitising is so important both after going to the toilet and before preparing food or eating.

Typhoid can be effectively prevented by a single vaccination which lasts for about three years. For those who really hate needles, there are also a se-

ries of tablets that can provide protection but this method is not as good and is more expensive.

As it turned out, our patient didn't end up having typhoid—the initial test cross-reacted with another condition and gave a false reading, as was later proven by the more accurate test which takes some days longer to come back. But there is no doubt this could easily have been a case of typhoid, and underlines the need to think about immunisation in all who plan to travel.

Now ....shall we talk about Hepatitis A?

***Typhoid is caused by food contaminated with faeces.***

## Bariatric surgery

Over the past twenty years, weight loss surgery has gone from being thought of as a desperate act by those unwilling to put in the effort to lose weight, to a common alternative to be considered along other options, to a method with proven long-term benefits.

A recent study at the prestigious Cleveland Clinic in the USA, compared over 2000 patients with diabetes who underwent various types of weight loss surgery including gastric bypass, sleeve gastrectomy, adjustable gastric banding and duodenal switch, with over 11,000 similar patients who did not have surgery.

These patients all had a BMI above 30, and most had a BMI above 40. (The ideal BMI is between 20 and 25.)

Patients who had the weight loss surgery were about 40% less likely to suffer angina, heart attack, heart failure, irregular heart beat, stroke, kidney disease or death over the next four years. They also had better diabetes control and needed less medication to do so.

(If you want to see the risk of complications of diabetes go to [riskcalc.org/BariatricSurgeryComplications](http://riskcalc.org/BariatricSurgeryComplications) and type in your numbers.)

The research also showed that the benefits of surgery are long lasting. For example, over the 8 years of the study,

about 50% of people who did not have surgery had some form of heart problem, but that only happened in 30% of those who had surgery. We note that 30% is still a terribly high figure, but that is still a substantial risk reduction. The surgical patients also were taking fewer diabetes and heart medications, and their diabetes control was substantially better.

The surgery also resulted in significant weight loss. On average surgical patients lost 30kg, while those without surgery lost about 9kg (which is also impressive compared to

most patients with long term diabetes.)

The researchers concluded that for patients with significant obesity and diabetes, surgery should not be seen as a last resort, but something to be considered early. Counter-arguments include that the study was retrospective not prospective (looked backwards, not forwards) and therefore may not apply to lower risk patients. It also wasn't clear how well the non-surgical patients were treated for their diabetes.

We would always prefer our patients found lifestyle adjustments, including diet and exercise, to be the cure to their illnesses—and often they can be—but in high-risk cases where lifestyle changes aren't working, surgery is an option to seriously consider and discuss with your GP.

***Surgery is an option to seriously consider***

# Wellness Whispers

## COMINGS AND GOINGS

We must sadly farewell **Dr Sonia Jitpiriyaroj** who completes her registrar term with us at the end of January and will continue her training throughout Melbourne and Adelaide. We wish her all the very best and hope to see her again soon.

Our other registrar, **Dr Danielle Hume**, has recently passed the FRACGP examination, the highest degree in General Practice. We are delighted that she has chosen to continue working at Wellness on Wellington into the future.

We are very sad to announce that **Dr Rimma Medres** will soon finish practicing with us. Because of family reasons, Rimma has only been working one day per week at Wellness on Wellington for many years, and she has decided after Easter to consolidate her work into one practice, more conveniently located to her home. Rimma will be deeply missed as her knowledge, care and warmth have been deeply appreciated by patients and staff for over twelve years.

Two new registrars join us at the beginning of February. **Dr Caroline Nguyen** graduated from Monash University in 2011. She has worked for several years in various hospitals throughout Victoria and gained extensive experience in many specialties such as general medicine, emergency medicine, geriatrics, palliative care and mental health. Dr Nguyen enjoys all aspects of general practice and seeing patients from all walks of life, from the young to the elderly. She also has a special interest in chronic disease management, preventative health, geriatric and paediatrics.

**Dr Sarah Hershan** completed her training at Monash University and spent time experiencing a wide range of speciality medicine at The Alfred and Monash Health sites before commencing general practice training. Sarah feels that the opportunity to care for patients, while providing support and reassurance to their families, is a daily privilege. With a passion for building relationships and taking a holistic approach to managing patients of all ages, Sarah has a particular interest in women's health, chronic disease management, mental health and paediatrics. When away from work, you will find Sarah hiking in nature with her husband and dog Lola or at the movies with a bucket of popcorn!

We also welcome our new nurse, **Carey Carey**. Carey originally came to Australia in 1990 to travel and see the world and like so many others fell in love with Australia. She tells us that “Lucky for me met a Australian, got married, and happily raised 4 children. I originated from California, but feel that I am, after 30 years, part of the Australian culture and could not imagine living anywhere else. I decided to become a nurse after the birth of my second child and finished my training in 2001. I have taken breaks from nursing from time to time to try new things but always find my way back to the job I love the most.

I have additional training with Renal Nursing, Community Nursing, Cardiac Care, and Wound Care. I am enjoying my new role being a part of the Wellness on Wellington community and getting to know all the wonderful people who come into the clinic.”

We also welcome **Victoria Stephens** to our reception team. “I’ve just finished a Bachelor of Arts and commencing a Masters of Secondary Teaching. I hope to teach English literature and philosophy to senior high school students. I love to read, dance and never pass up an opportunity to spend a night out with my friends. I’m very happy to be part of the welcoming team at Wellness on Wellington and look forward to the next few years working alongside them.”

We also welcome **Dr Thilini Basnayake**—a specialist in respiratory (lung) medicine and sleep disorders—who joins our team of 16 medical specialists.

## CONGRATULATIONS

One of **Dr Rimma Medres’** great passions is teaching medical students, and we are delighted that she has won—for the second time—the medical student supervisor of the year award for being the best clinical teacher to medical students. This is a tremendous achievement and we are delighted that our tradition of excellence in teaching from undergraduate to vocational training continues to be recognised.

Finally, congratulations also to our nurse **Lana Milosev**, on the birth on 17th January of a son. Not so little Filip weighed 3.9kg. Husband Bojan and siblings Stefan and Mara are all delighted.