

the Pulse

PRIVATE HEALTH MAGAZINE

A Healthscope Publication

May/June 2009

In this issue

EX-MP PAULA WRIEDT ON DEPRESSION

JOBS FOR PEOPLE WITH MENTAL ILLNESSES


CONTROVERSY OVER SEX BOOK

FEDERAL BUDGET REACTION

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KEY NEW ZEALAND APPOINTMENT





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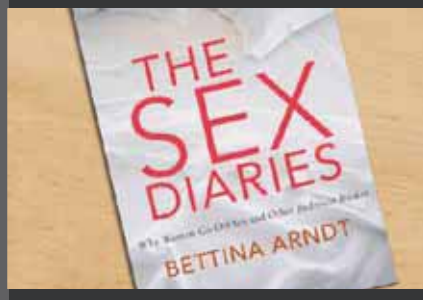
*Anxiety disorders include Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), Panic Disorder, Generalised Anxiety Disorder (GAD) and Phobias.

IN THIS ISSUE OF
thePulse

**JOB'S FOR PEOPLE WITH
MENTAL ILLNESSES**



**CONTROVERSY OVER
SEX BOOK**



**FEDERAL BUDGET
REACTION**



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THE LONG WAY BACK - PAULA WRIEDT'S BATTLE WITH DEPRESSION

She was the youngest ever female Cabinet Minister in the Tasmanian Parliament when she was appointed the Minister for Education in 1998; she comes from a well known and respected political family in the Apple Isle; her father Ken is a former state Labor Leader and was Minister for Agriculture in the Whitlam Government in the seventies.

Now, at the age of 40, Paula Wriedt is on the long road back from depression that was so severe it almost ended her life and cut short an extremely promising political career.

In August last year, she was admitted to St Helen's Private Hospital in Hobart after a suicide

attempt, reasoning that it would be better to die than have her young children subject to continuing media speculation about her affair with a former chauffeur.

It was messy and very public and in the opinion of many, extremely unfair on a young woman battling a severe mental illness in a glare of publicity.

Many would have run away, to at least let the media obsession die down.

Paula Wriedt chose to stay and fight her way back from an illness that bought her to the very edge of sanity.

She said she first experienced depression soon after the birth of her son now aged nine.

"I found going out in public very, very difficult because there had been such a strong media interest, the fact that I had been the first Member of Parliament or first Minister in Tasmania to have a baby, there were headlines about me writing myself in the history books.

"The second time around, there was just as much interest; eighteen months later, it was very much out there



in the public and I found it very difficult to go out in public” she said.

She said with two very young children and her high profile role in politics gave her next to no time to recover in private.

Paula’s most recent bout of depression, which started last year, began another media frenzy, which hindered any possible recovery significantly.

The issue was given more publicity nationally after what Paula describes as tasteless remarks by Sam Newman on the Melbourne edition of The Footy Show.

Now, despite all of the past difficulties, Paula is well on the long road back.

“I know myself better

Ex-MP Paula Wriedt, fighting her way back from Depression.

than I ever did before and I’ve been fortunate that I’ve had very supportive family, a great network of friends who have understood all of it and who have not judged me but have helped me through it.

“I’ve had the best health care that I could have asked for and the health care professionals that I have dealt with have all desperately tried to protect my privacy and went out of their way to safe guard me from the added stresses of the media” she said.

Now, Paula is also speaking out about her experiences, especially her battle with depression as a National Ambassador on behalf of beyondblue the peak body for mental illness in Australia.

“The program involves people who

are prepared to tell their own stories, to make it real, rather than hearing from a series of researchers or clinicians; it’s that personal story, what happened to me and how I got through it” she said.

And the future for Paula Wriedt, well definitely no more politics, at any level.

“My future is wonderful without politics; it’s funny because the day I handed in my resignation at Government House, it was the end of an era – half my life had been spent working in politics, I was the daughter of a politician so I grew up with it.

“I was very saddened by that and sorry I wasn’t going at a time of my own choosing, but now I have a great sense of relief and life looks good again,” she said.

EMPLOYING PEOPLE WITH MENTAL ILLNESSES

Potential employers are missing out on an efficient, loyal and hard-working section of the market if they ignore people with a mental illness.

That's the view of specialist employment agencies and health professionals who say there remains a stigma against employing people with a mental illness.

Kate Higgins, an Employment Consultant with Interact Employment Services is based at The Melbourne Clinic three days a week.

She believes while there has been a change in culture, helped by education campaigns, stigma against employing people with a mental illness remains.

"There is still a significant amount of stigma and discrimination with illnesses such as schizophrenia with a fear about issues including possible violent behaviour and psychotic episodes.

"We need to do a lot of cold canvassing, marketing our people directly to employers which generally includes disclosure of their mental illness. This remains one of the

biggest difficulties in finding a person a job.

"Many of our clients really struggle with whether they should disclose their illness to employers, that is the key issue, people are adamant in the beginning they do not want to disclose, fearing they won't get the job if they do so.

"In some instances it's not necessary to disclose and people do have a right to privacy; the key question about disclosure is do you believe your mental health will impact on you at work?

"If you do believe it could impact on you at work, then we do recommend disclosure because if a client may have periods of being unwell, we can negotiate that with an employer" she said.

Ms Higgins said when any barriers are overcome, employers are generally delighted with their new employee.

"We have some absolutely brilliant people, very hard working, great work ethic; when things are going well, when they are stable on medication, when they get support

and are in a routine, I think they are as good, if not better than anyone else" she said.

Healthscope's National Manager of Psychiatry, Gaylyn Cairns said the ability to work is vital for the recovery of people with a mental illness.

"It gives them their social network, it increases their self esteem and it establishes their feeling of worth through their contribution to the general community.

However Ms Cairns said despite significant advances in treating mental illness with many state and federal government supported programs, much stigma remains.

"There is still a lot of prejudice, but it's like any condition: as soon as people talk about it, to bring it out in the open, a lot of that prejudice dissolves.



Kate Higgins, calling for cultural change.

“The statistics show that one in five Australians will be treated for a mental illness in their lifetime, so it’s not a small few that need our help and understanding, especially when it comes to the workforce” she said.

Ms Cairns said there is a continuing need for more Australia-wide education programs about mental health.

“There is a lot more information available on mental illness through places like beyondblue, but that needs to be increased to continue to eliminate prejudice and ignorance about mental health” she said.

CALL NOT TO HIDE WORKPLACE DEPRESSION

Maria Katsonis knows all about people at work battling, often unsuccessfully with depression.

The senior Victorian public servant struggled for four months to cope with everyday life without recognising the signs of depression.

Finally, she sought help after admitting that she could not cope

alone because by the time she saw a GP she was unable to read a newspaper or even to pay a bill; sleep had become non-existent with her life filled with anguish and torment.

Maria was immediately admitted to The Melbourne Clinic where she underwent intensive treatment for more than five weeks and gradually became well again with the strong support of family, friends and her employer.

She told *The Pulse* that support was a vital ingredient to her recovery, but other patients at TMC told her they were frightened about the possible outcome if their employers found out they were being treated for depression.

“I do have to pay credit to my employer; the support I had while I was in hospital was terrific, my employer would visit me, would call me, just to check in just to make sure that I was OK,” she said.

“In hospital it was different for some people; there was one guy I remember who worked in a very male dominated industry and he said he just couldn’t go back to work after his illness; he had to make up an excuse because he wasn’t sure

how he was going to be treated.

“You know, the teasing, being mocked or being judged and for other people it was about being judged about their capacity to keep their jobs and there were others who had exhausted their sick leave and were at odds with their employer about leave to continue their recovery,” she said.

She said employers’ attitudes to employees with depression range from being supportive and understanding to those who still don’t understand the implications of the illness or the importance of returning to work which plays a critical role in recovery from a mental illness.

Ms Katsonis said some community attitudes also need to change including claims by some people surveyed who said they would not work with a co-worker with a mental illness and the belief by many that people with a mental illness are unreliable.



Maria Katsonis doing well, with support from her employer



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Figure 1 – Vessel Harvesting. A 9mm porcine carotid artery is measured then sealed and divided by the TLS.



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CHECKING THE HEALTH OF 4000 VICTORIANS

Thousands of Victorians are being asked to participate in an Australian-first health measurement survey, which it is hoped will provide new tools to beat heart disease and diabetes.

Diabetes is Australia's fastest growing chronic disease, with 275 Australians developing the disease every day.

It's estimated the total number of Australians with diabetes and pre-diabetes is around 3.2 million.

AFL coaching legend Kevin Sheedy launched the 4000 for Health: the State of our Wellbeing study, which will check the health by random samples, of the state's population and provide a database of health and lifestyle information.

The study will include up to 4,000

individuals drawn equally from around 50 metropolitan and rural locations across the state with a local testing site set up in each location for blood collection.

Baker IDI Heart & Diabetes Institute is partnering with Gribbles Pathology to collect physical, biomedical and self-reported nutrition and risk factor information from adult Victorians aged eighteen to seventy-five.

Specifically, Gribbles Pathology is undertaking the laboratory

testing - fasting blood glucose, HDL and LDL cholesterol and total cholesterol, triglycerides, HbA1C, creatinine, vitamin B12 with red cell folate, haemoglobin and vitamin D; and the collection of a urine specimen to test for albumin, protein and blood.

Gribbles Pathology State Manager Neville Watson with Associate Professor Jonathan Shaw from the Baker IDI Heart and Diabetes Institute.



CONTROVERSY OVER NEW BETTINA ARNDT BOOK

She's a well-known and well-read author, a psychologist and sex therapist who says she has been hearing from sex-starved men for half her life.

Her latest book *The Sex Diaries* is based on the diaries of 98 couples that kept records of their sex lives for periods of from six to twelve months.

It revealed that many women dread bedtime with many men hurt and angry at rejection.



In the book, Ms Arndt says: Men aren't happy, many feel duped, disappointed in despair at finding themselves spending their lives begging for sex from their loved partners. They are stunned to find their needs are so totally ignored. It often poured out in a howl of rage and disappointment.

Ms Arndt says she was surprised at the openness of the men who took part in the project who traditionally have found it difficult to discuss.

She told *The Pulse* she was pleased with the way men responded which demonstrated a change in attitudes

"Men were spectacular, they were very open about the whole thing and I was very pleased.

"Men now are very conscious of having to tiptoe around their women with no guarantees, of having to work extremely hard to try and keep women in the mood for sex.

"It's a totally different situation for men from the days when wifely duties included sex as an obligation; men are very conscious that they live in a different world now" she says.

The men were the real surprise. Their diaries revealed their misery and bewilderment over the fact that their most basic desire – to share physical intimacy with their loved one – so often was being ignored or treated with disdain, And most women knew it.

Handling the discrepancies in sexual desire turned out to be one of the major battlegrounds in marriage today.

One of the most controversial claims from Arndt in the book is that low libido partners, who are mostly women, need to put sex on the "to-do list" even if they don't feel like it.

However a Consulting Psychiatrist at The Melbourne Clinic, Dr Michael Maloney disagrees with many claims in the book.

"There is in our society a myth that men need sex. The problem with works like that of Ms Arndt's is that unless they challenge this mythology or worse, appear to perpetuate it, they do a disservice.

"This myth is dangerous and has important and damaging consequences for society.

Author Bettina Arndt

- It becomes an excuse for inappropriate and unacceptable behaviour by some men.
- It imposes unreasonable and unrealistic expectations on men resulting in confusion as to what are normal and reasonable expectations and
- It places women at risk of being victimised by men's sense of biological entitlement and also by their own cultural belief in the myth".

Dr Maloney said men may want sex but they do not need it.

He said the idea of sexual need implies that men are mere victims of their biological urges over which they have only limited control and to talk of "men's needs" is a sort of emotional blackmail.

"Sex therapy has changed; sex therapy used to teach that a successful sex life was about understanding and meeting your partner's needs.

"I think that sex therapy now understands that for a sex life to be ongoing and to continue to be successful and satisfying, it's about knowing what you like and finding a

partner who happens to like similar things.

"Certainly, recognising the difference in sex drive between two people is important, but it's a matter of each individual understanding their own libido and hopefully finding partners whose libido naturally matches theirs.

"My objection to the book is not that it's looking at how people can resolve their sexual differences, but the suggestion that somehow sexual differences are special.

"The important issue in relationships is learning how to negotiate, mediate all differences whether in relationship to sexual appetites, sexual tastes, child management, finances, whatever.

"To the best of my knowledge there are no disastrous consequences if men are denied sex; nature has evolved its own ways of overcoming the problem." Dr Maloney said.



Dr Michael Maloney

A TOUGH BUT MANAGEABLE BUDGET

Healthscope Managing Director Bruce Dixon believes this year's Federal Budget will not significantly change the company's direction or projected strong growth.

Mr Dixon said while the budget is a fairly tough one for the healthcare industry, changes in pathology were expected and he does not expect healthcare membership will fall despite means testing the thirty per cent rebate level.

He said while government policies are negative towards private healthcare, from Healthscope's perspective, there won't be a lot of change.

"I really don't expect means testing of private health insurance will make a lot of difference to consumers and I can't see any real change in membership or a dramatic shift from health funds.

"As far as Healthscope is concerned, our consumer is 50 years old plus, who will certainly not drop out of insurance, so it's more about the profitability of the funds at the lower end, but if anything I think there might even be a net increase in membership overall," Mr Dixon said.

He said the effect of decreasing government funding of pathology services by around a hundred million dollars a year will simply change the mix in how services are paid, away from bulk billing.

"What the government is doing is drawing a line where they believe bulk billing can sit politically because at the moment, Healthscope has 4% of co-payments, and by definition, 96% of our revenue in pathology is bulk billed.

"That 4% will increase to about 10% in co-payments which will offset the decrease in funding, what government is doing is changing from almost a totally bulk billed service to more of a mixture of co-payment and bulk billing.

"The net impact is Healthscope will be able to recover and maintain margins but having said that, the consumer will pay," he said.

Mr Dixon is optimistic about the next twelve months despite the budget changes.

"Healthcare is resilient and if anything our demand is growing by about 5-6% and getting stronger.

"From a business side, I don't



expect a lot of impact from this budget, we can cover the changes in healthcare, particularly pathology by increasing co-payments so we'll be able to maintain margins and grow our market" he said.

Mr Dixon said the most positive aspect from the budget is the decision to deregulate Collection Centre licences.

"As the third player in the market in pathology, by 2010, when deregulation is introduced, we can compete head on with the other two companies, Sonic and Primary.

"Our restriction has always been the lack of Collection Centre licences but now that is being deregulated, we will roll out a full program particularly in NSW and Queensland to really increase our market share.

"We will go head on with the big guys because that artificial restriction is now gone" Mr Dixon said.

A VERY POLITICAL BUDGET SAYS HEALTHSCOPE CHAIRMAN

This year's Federal Budget rather than the predicted blood bath, was a bubble bath, according to Healthscope Chairman, Linda Nicholls.

She said while even in a bubble bath a few people get soap in their eyes, on balance this was a very gentle Budget.

"If I have a concern, given the global financial crisis and the recession we are in, it was time for some tougher moves," she said.

Ms Nicholls said despite the planned cuts to health insurance rebates, which still have to be passed by Parliament, she expects few people to drop their private health insurance.

"The economics still favour keeping private insurance and I don't know that private insurance is always purely a financial decision.

"We're in times when people want peace of mind and in all forms of insurance, people are upgrading, they want things safe, they want things certain, they want things

secure, so that says to me this is a time to keep your private insurance.

"I think additionally, if you look at some younger policy holders, many are attracted to private health insurance in the first place because they are anticipating starting a family.

"With the 18 week maternity benefit which will be coming in, in a couple of years' time, if that was going to be the trigger to start or enlarge your family, now would not be the time to give up your private health cover, so I think there will be of little if any effect" she said.

"One of the surprises in this budget is how much is about future years, compared to this year.

"Normally because we have a budget every year you expect it will largely be about the coming twelve months but with measures like moving the pension out to age 67, the time frame for this budget goes to 2023 which is an enormous time frame.

Ms Nicholls said the document delivered by Treasurer Wayne Swan



was done so with a federal election in mind.

"I think every budget is a political budget, this one I believe is particularly so; I think the Government feels the Opposition is in a condition where they would be well advised to go to the polls early and I believe they are looking to set the stage for that to occur" she said.

Ms Nicholls said while the budget was generally very good for the health industry, which she describes as recession-proof, other areas of business were not been well treated, especially in job creation and infrastructure.



Healthscope

PATHOLOGY COSTS

For Healthscope's Head of Pathology Services, Paul Waterson, this year's Federal Budget contained some good and some bad news, but he is particularly disappointed at the decision to slash around \$100 million a year in funding for essential pathology services.

Currently, pathology has a higher rate of bulk billing than any other medical specialty. Over the past eight years, the Australian pathology sector including Gribbles, General Pathology Laboratories and Davies Campbell de Lambert have saved the Government and the Australian community over \$3 billion through increased efficiencies and forgone increases to the Medicare Schedule, while providing greater access to services for people in rural and remote communities. This includes our regional laboratories in rural South Australia, Queensland and Victoria.

The Government argues that pathology is now highly automated and providers should return an efficiency dividend to the community. This view fails to take into account that fact that pathology practices are highly resource intensive. Practices nationally operate over

2,100 collection centres, employ 36,000 highly skilled staff, provide almost 400 laboratories and operate and develop highly sophisticated information technology systems.

It was noted that the cuts were particularly targeted at private pathology practices with no cuts to public pathology services such as the IMVS in South Australia and PathWest in Western Australia. These services are already subsidised by the Federal Government through the funding of the state health agreements and public hospitals. Sparing them these cuts enables these services to continue to 'double dip' into the public purse.

Amid the budget cuts there were some good news for our pathology services. As of July 2010 the existing collection centre-licensing system will become deregulated. This will enable us to rapidly grow into the Queensland, Tasmania, Western



Australia and New South Wales markets – areas we have previously been constrained in due to the capped licensing regime. Patients will also be given greater choice under the new system with it being noted on the request pads of all providers that that they can choose to take the form to a different accredited pathology provider from July 2011. This will ensure renewed focus on our two most important customers: the referring doctor and the patient.

From late June, Healthscope will become a national provider of pathology with laboratories in all states and territories. The laboratories in Darwin and Canberra are nearing completion. This places us alongside Sonic Healthcare as the only other providers with a true national presence.

EATING OUR WAY TO AN EARLY DEATH

New studies are suggesting that very overweight or obese people live between eight to 10 years less than people of the same age who exercise regularly and eat the right foods.



An eight-year British survey of more than a million people found it was literally a case of 'you are what you eat'.

Seventy thousand people died during the survey, which examined how body mass index (BMI), the height to weight ratio, affects health.

It found people with the healthiest body shapes, a BMI of 22-25 survived longest while those at the other end of the scale with a BMI of 30-35 died years earlier.

In Australia, regular health messages in the mass media push the benefits of losing weight and maintaining a healthy lifestyle.

But many health experts suggest

people here are getting fatter earlier in life.

The Director of Medical Services at Lady Davidson Private Hospital in Sydney, Dr John Obeid told *The Pulse* it is disturbing that more and more primary school age children are falling into the obese category.

He said that while weight problems often start earlier, they increase with age with major obesity related problems in early and middle adult life.

While Dr Obeid said education campaigns about the dangers of excess weight have helped, it's often not enough.

"In general we find that people aren't as focussed on the need to maintain healthy weight and a healthy lifestyle and that's what's leading to the epidemic of obesity and diabetes that we are seeing at the moment" he said.

Dr Obeid said another benefit of losing weight and maintaining that loss is an improvement in memory.

"There is some evidence that may be the case: a lot of the studies are based on animal models, for example there is good evidence that calorie restricted diets in rats improves a lot

of memory tests that those animals are exposed to.

"In humans there is a lot of early preliminary data, which suggests that weight loss and calorie restrictions in mid life will reduce the risk of developing dementia.

"With increased weight there is an increased risk of all of those lifestyle associated diseases that are likely to reduce life expectancy particularly heart disease, stroke, cancer and now dementia" he said.

Dr Obeid said the message to all Australians is a simple one.

"How we treat our bodies in our early and mid adult life has substantial consequences later on and unless we do something about changing what we put into our mouths, our level of physical activity and make a concerted effort to have a positive healthy lifestyle, we are going to face these diseases that were diseases of old people, earlier in life with substantial morbidity and mortality associated with that" he said.



Dr John Obeid

THE CHANGING FACE OF NURSING

Sheryl Brennan has seen at first hand the changing face of nursing, as a student nurse in 1964 right through to writing a book on the subject during which she interviewed twenty-eight former nursing students.

Her book, *Contradictory Stories* makes fascinating reading with tales of young, naive girls starting out on a new career that would change their lives.

And the reasons for choosing nursing? “Nursing was seen by my parents to be a suitable career for a girl to undertake between school, marriage and family” or “a university education was considered unnecessary by my parents. I understood (like many females at this time) that marriage was more important than a career” and even, “when I was a little girl I was always fascinated by sick people”.

Fast forward to 2009 and Sheryl believes the look of nursing has changed considerably in the past forty-five years.

“It looks different because the clothes are so different, we all wore the starched uniforms and no-one would

dress like that these days, if fact when I wore them in the late sixties, they were thought to be ridiculous then.

“We were really wearing a uniform that was probably appropriate for the 1930s or '40s and that sort of uniform wasn't easy to work in; it looked nice but life is much more casual now.

“These days nurses are more casual and they relate to patients differently, often using their first names and that would have been a big no-no in the past.

“Nurses can seem a bit invisible now; when you had nurses training in hospitals you had lots of them around, you had lots of students doing menial tasks so there were numbers of them around the wards

“Then maybe once a day the Matron or Director of Nursing would walk around talking to patients, and she wore a particular uniform so nurses were really visible.

“Now, because of privacy, wards are designed to have smaller number of patients and often you can't see what the nurses are doing, and when you do they don't look very different to a



Sheryl Brennan

bank teller or anyone else”, she said.

Sheryl said while some patients can become anxious when they don't physically see a nurse, deep down, nursing hasn't changed a lot.

“I think it just looks different but the same sort of things go on; nurses care for sick people and while it needs to be taken more seriously by our politicians and leaders – I think one very positive thing about the future is the interest in team nursing.

“This may actually be better for patients and for nurses themselves to have someone work working alongside them; that could be very positive for



the future,” she said.

As Healthscope’s Chief Operating Officer for Hospitals, Sue Williams has also seen how nursing has changed since she commenced her nursing training at the Royal Melbourne Hospital in 1978.

“When I started my training, it was hospital-based training, then in the ’80s I moved to university-based training and there has been a lot of changes that have impacted on the workforce,” she said.

Sue said because of the different emphasis on training methods, the expectations from nurse graduates are now very different.

“I think the expectation of nurses coming out of university is that they have done a university degree and they don’t necessarily want to do the hands-on work.

“That creates a problem because the current industrial structure requires that nurses do the hands-on work and it is nonsensical for nurses with a university degree who are highly paid to be doing some of these fundamental tasks” she said.

Sue believes changes to the current industrial relations



system are needed to allow assistants to be employed to carry out basic tasks to free up nurses to do the higher-level work.

“I could see nurses supervising more patients if there were more less skilled people doing the basic work but the current system for instance in Victoria, if you have 20 patients you have to have five nurses on a shift.

“Now if may be that you can have three or four nurses on a shift who are paid much more plus three or four assistants helping them, that may be the way to go and certainly with the workforce shortages it’s something we have to look at” she said.

She said the continuing shortage of nurses remains a major problem that has turned recruitment into a bidding war.

“They’re very marketable, they have a university degree, they can become research nurses, go into management or educational positions, they’re very attractive as sales reps because they understand what doctors want and we are losing many of them as fast as we train them.

“We believe you need to start recruitment early, even when people are at school where we can influence them about what decisions they

make and similarly when they go to university.

“If you treat students well, if you can offer them terrific opportunities when they are in hospitals getting their experience, if you can offer them employment opportunities while they are students at your hospitals so they get an income and become familiar with your hospital, they are more likely to come to your organisation” she said.

Sue has seen many changes in nursing training and recruitment in recent years, changes likely to continue into the future.

She said allowing the introduction of nursing assistants will keep many of them in the health system so dependent on them.



Sue Williams

THE CHANGING FACE OF NURSING cont..



Karen Gillett is very definitely a modern day nurse.

Formerly from Belfast in Northern Ireland, Karen came to this country with her husband Peter and three daughters two and a half years ago.

She loves her chosen career and has excelled academically as well, gaining a first in her BSc Honours Degree at Queen's University, Belfast. She is also well into a Masters Degree in Advanced Nursing Practice, Cancer and Palliative Care which she anticipates finishing within the next twelve months at the University of Melbourne.

The John Fawkner Private nurse said

that the way of training a nurse has changed dramatically in recent years.

“There’s been quite a bit of change, more academic training, into the research and evidence-based practice, you need to know the reason behind what you are doing, it’s not just task orientated, rather to be able to reason yourself what needs to be done and why”, she said.

Karen said there is a downside to the new way of training compared to when a nurse was trained in a hospital with some excellent nurses, not suited academically, lost to the profession through the new style of training.

“I saw that in my initial training when we had what was called auxiliary nurses who were fantastic nurses but didn’t have that academic ability and were lost to nursing because they were not able to write assignments on subjects like research and research methods”, she said.

Karen said however there are also definite advantages in modern day nursing as more nurses specialise and doctors become busier and she said patients are also seeking more answers.

“With the introduction of the internet and more medical books available to the general public, people want to know why they are on a particular drug, what it is doing to them, what are it’s interactions and why they are being treated in a particular way.

“People just don’t sit back anymore and say well you’re the doctor, you’re the nurse, just do what you have to do, they want to know why you are doing these things”, she said.

But after all of her training, training that is ongoing, Karen said nursing is much more than academic learning.

“I followed this academic road because it widened my career pathway, it gives me satisfaction to know that I am doing the best I can.

“But at the end of the day, I want to be a nurse, to nurse somebody, to cry with them, to help them through to death, that’s what nursing is to me” she said.





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COPING WITH A WORLDWIDE SHORTAGE OF ICU NURSES

It's full on, it's demanding and it usually means extensive shift work.

But for Adam Smith, a senior ICU nurse at Melbourne Private Hospital, it's also one of the most satisfying areas of nursing he's undertaken, and he's worked in quite a few.

35 year-old Adam has worked in ICU at Melbourne Private since February after returning home following four years working overseas, most of that time in the Greater London area.

There is a worldwide shortage of ICU nurses, not helped by an ageing nursing workforce, which he said, isn't going to be resolved in the short term

He said when nurses leave university they often don't have the clinical grounding to go onto an ICU ward.

"In university, they're finding out in second and third year what nursing is actually all about, they learn academically but are receiving no hands on experience, when they come out they are limited in what they can do" he said.

"What's needed is more courses in hospitals, there needs to be

experience in all areas of nursing so graduates can grasp what they do.

"Usually they could be limited to one or two areas; Melbourne Private have a rotation through all of the areas which is a real benefit but it is very difficult for new nurses to come straight into Intensive Care if they haven't got the background of basic knowledge.

"You have to be able to keep your education up, your constant learning, there's a lot of shift work including a substantial amount of night duty which doesn't appeal to people with a young family.

"However on the positive side, the work satisfaction that you gain is fantastic, to work with consultants

who are leading the way, along with the latest technology which leads to being proactive rather than reactive in patient care," he said.

Currently Adam is considering his next career move that may include a managerial role at Melbourne Private.

"I have been a charge nurse for about seven years and would like to be able to expand on that, possibly in management and leading a team" he said.



ENDANGERED POSSUMS BREEDING AT HEALESVILLE

Healesville Sanctuary may be one of Victoria's most popular tourist attractions, but the scientists working there insist that what sanctuary visitors see is just the tip of the proverbial iceberg.

Rupert Baker, Senior Veterinarian at Healesville Sanctuary said that the most exciting work was done behind the scenes.

"We breed to release seven critically endangered species for the South East of Australia, including the Mountain Pygmy Possums, which are a challenging species to house and breed in captivity," he said.

The General Manager of Gribbles Veterinary Pathology Liz Walker said that the program faced unique difficulties from the possums.

"Prior to 2006, Mountain Pygmy Possums had been bred in captivity only a handful of times and are the

only marsupial known to hibernate beneath snow for periods of up to seven months.

"This species is small enough to fit in the palm of your hand and has poorly defined reproductive biology, so challenges were always expected," she said

In the short term, Rupert Baker and his colleagues are hoping for breeding success next spring, but the results further down the track may be out of their hands.

"The longer-term success of the recovery effort depends on re-establishment of suitable habitat and linking remaining fragments, plus controlling predator numbers of foxes and wild cats.

"Ultimately climate change and reduced snow season length may pressure the entire population," he said.



A Mountain Pygmy Possum, critically endangered but breeding at Healesville.

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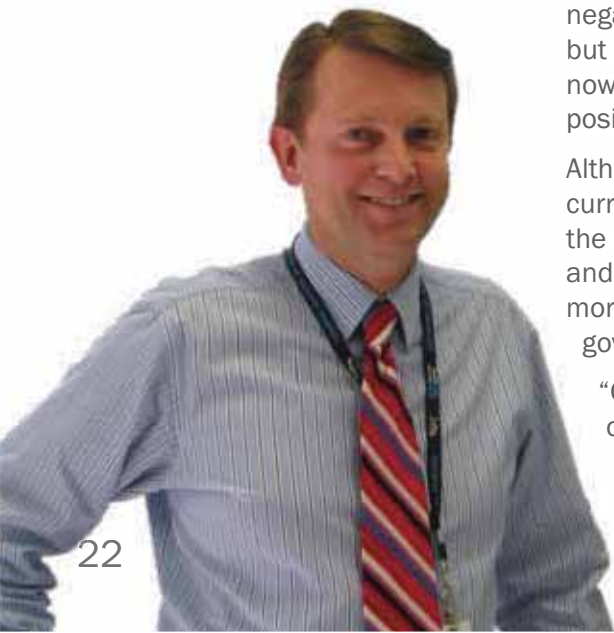
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BREAKTHROUGH IN BREAST CANCER TREATMENT

It costs \$3,800 US, but in the short time that it has been available in Australia, 14 breast cancer patients have still chosen to take the Oncotype DX test to predict recurrence and the efficacy of chemotherapy.

Dr Keith Byron, Scientific Director at Healthscope Molecular, a Division of Gribbles Pathology, said that the usefulness of the test has evolved beyond the original intent.

“It was first developed to predict the likelihood of recurrence after surgery, but now its main value is predicting the likely benefit from chemotherapy in these patients.



“Women don’t want to have chemotherapy if they can avoid it, and very few benefit from it, if you look at the statistics.

“It’s trying to change the paradigm where some patients have been over-treated with chemotherapy and other groups have been under-treated with chemotherapy, so it’s giving the clinician and the patient much more information,” he said.

Dr Byron said the test would be useful to many patients with early breast cancer.

“It’s available for stage one and stage two early breast cancer; originally it was for lymph node negative oestrogen receptor positive, but there’s a lot of data coming out now that it’s of benefit to lymph node positive patients as well,” he said.

Although the cost to patients is currently substantial, Dr Byron said the price should eventually fall, and he hoped it would be made more accessible by funding from government and health insurers.

“Genomic Health are well aware of the price differential because of the exchange rate and

because it’s new to Australia, we are looking at ways to make it more affordable through negotiations with private health insurers here as well as with government.

“The other thing it’s important to know is that in America it’s been very successful because they put forward a health economic argument and almost 97% of privately insured people in America get reimbursed for the cost” he said.

Dr Byron said that the test is the first of its kind to come from Genomic Health, but there are more in the pipeline.

“Later this year or early next year they’re going to have a similar thing for bowel cancer and then hopefully one for prostate cancer.

“Since the human genome project, now we’re starting to look at better treatments, better diagnosis, better prognosis and this concept of individualised medicine and personalised medicine.

“We can make better-informed decisions to the individual person. And we all want to be treated as an individual. I do, don’t you?” he said.

Dr Keith Byron

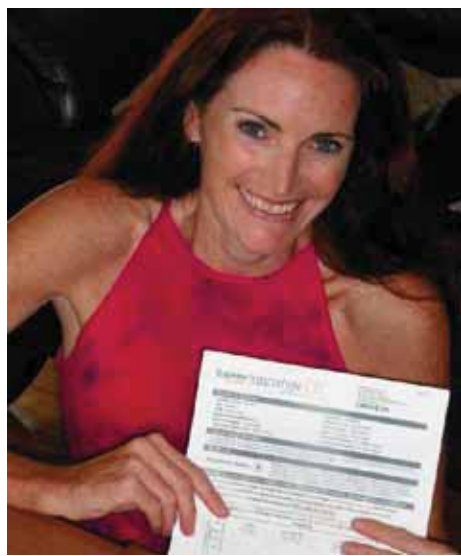
A BEAUTIFUL SET OF NUMBERS

Helena Jacobi has stunning, long, auburn-brown hair and, although it has cost her a pretty penny to keep it, she's adamant that it was money well spent.

A pioneer of sorts, Helena was diagnosed with early stage breast cancer late last year and was one of the first people in Australia to undertake Oncotype DX testing to see if she would need chemotherapy.

With a family history of the disease, Helena had annual mammograms, but they failed to detect her rare form of breast cancer, an invasive capillary ductal carcinoma.

After Helena underwent a bilateral mastectomy, her oncologist was still keen for her to have chemotherapy,



although he was not sure she would necessarily benefit from it.

Unwilling to suffer the hardship of chemotherapy unnecessarily, Helena asked him to explain his recommendation.

“Besides the statistics, he really couldn't give me a firm basis on my individual cancer, of why I should do it,” she said.

Shortly afterwards, her general surgeon mentioned that he had heard of a test that could determine whether chemotherapy would be effective.

Sleepless nights saw Helena researching the test online, where she eventually chanced upon the Genomic Oncotype test, and subsequently contacted Dr Keith Byron at Healthscope Molecular, a Division of Gribbles Pathology, to organise it for her at substantial expense.

“Even before I got my results back, I felt so relieved that I had another tool to help me make this almost impossible decision.

“A couple of weeks later I got the fantastic call from the oncologist

saying I got the recurrent score of six, which basically equates to a five per cent risk of distant recurrence over the next ten years,” she said.

While Helena was understandably delighted with her results, it was the hard facts that gave her peace of mind, although they came at great expense to her family.

“Everything happens so quickly when you get diagnosed and the last thing you want to hear is another bloody statistic, but at least these statistics are based on your blood; it's all about you, not 20,000 women in Denmark” she said.

Helena's reasons for not wanting chemotherapy were familiar to many women, but she was keen to acknowledge that the Oncotype DX test would put minds to rest in the opposite situation too.

“There are a lot of women who are getting over-treated, but there are also women out there who are getting under-treated.

“It's very, very difficult to try and make a decision when it's so expensive, but hopefully, with wider appreciation of the medical side of things, they'll start using it as part of everyday treatment and something that can be brought up in a consultation,” she said.

COPING WITH GRIEF

Earlier this year, Prince William lamented the enduring feelings of grief and emptiness at the loss of his mother, Diana, Princess of Wales, twelve years ago.

While to many people the grieving process should be straightforward, that is especially not the case with the loss of a parent.

Pine Rivers Private Hospital psychologist, Leesa Barnham said while everyone experiences grief differently, the loss of a mother or father is different to the loss of a spouse because the nature of the relationship is different.

Ms Barnham said when someone loses a parent or a child, the effect on those left behind is most often devastating.

“Even if you’re not particularly close to your parents and they die, there are all these unanswered questions and a whole lot of emotions that may actually cloud you coming to a resolution with that relationship.

“In my experience, no matter what that parent was like, people tend to have a thirst to have connection with them, even if you have other people



Prince William has spoken publicly about the loss of his mother.

in that role, you still want to come to some sort of understanding about the completion of that relationship” she said.

According to Ms Barnham, for young children the effects could be even more challenging, especially if they have not yet gained a comprehension of death, or if it has occurred in distressing circumstances.

“From a developmental point of view, children don’t always understand the concept of death and the finality of death, and when it’s a parent that is dearly loved and they die, it really brings home to you that you’re mortal and that’s a really, really frightening concept.

“And when your parent dies in traumatic circumstances or in horrible circumstances, such as Princess Diana, that can sometimes cloud people’s memory of their parents and of the relationship they had with them and the happy times,” she said.

Ms Barnham said while people never fully get over grief, they learn to accommodate it and get used to the idea that a loved one is no longer physically present.

She said that everyone navigates their own way through the grieving process, with the experience different for everyone.

“What I’ve learnt about working with people who have lost loved ones is that there’s no right way; there’s that person’s way and they need to be able to process and to accommodate their loss in their own way,” Ms Barnham said.

She said there’s a need for the bereaved to give themselves permission to talk about the parent, to cry and grieve. Generally, she said, over time the stressful last memories fade and are replaced with memories of the life.

More information on coping with grief and loss is available at www.beyondblue.org.au

NZ LABTESTS APPOINTMENT

Richard Lloyd has been appointed as the Medical Director for Labtests in New Zealand.

Dr Lloyd, a senior Auckland Pathologist was a senior Anatomical Pathologist at Diagnostic Medlab (DML) for more than eight years.

He said he is looking forward to leading Labtests pathologists and scientific staff.

“Having spent time with the Labtests team, understanding their commitment to this service and their expertise and seeing the Laboratory, I am

confident that a world class laboratory service will be provided.

“Importantly, my goal as Medical Director is to continue to improve the service for clinicians and patients” he said.

The Labtests service will be based at its completed Mt Wellington laboratory designed by Healthscope’s pathology project team.

Dr Richard Lloyd



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MEN ENCOURAGED TO SPEAK ON HEALTH ISSUES

Transport Union secretary Bill Noonan has been at the forefront of men's health issues in his role as head of the TWU.

Because of this background, Federal Health Minister Nicola Roxon appointed him as a men's health ambassador late last year.

That role involves helping men to start talking about health issues to provide feedback for the development of the National Men's Health Policy.

"Our realistic role as people in the community is to tell the story why good health is important," Mr Noonan says.

With men bearing the brunt of road accidents (73 per cent), Mr Noonan, with 35 years experience in the transport industry, understands the importance of the policy and that it doesn't just relate to road accidents.

"There are so many other aspects involved including prostate cancer, sleep apnoea, depression, heart disease, suicide and diabetes to name a few," he says.

To that end Mr Noonan and his

union have been holding a series of safety and health seminars around the country and he says the feedback has proved invaluable.

"It is quite amazing that when men start discussing their health issues they can't stop but unless we get around the country and speak to men we don't know many of the things that we are going on in men's health because they keep it to themselves.

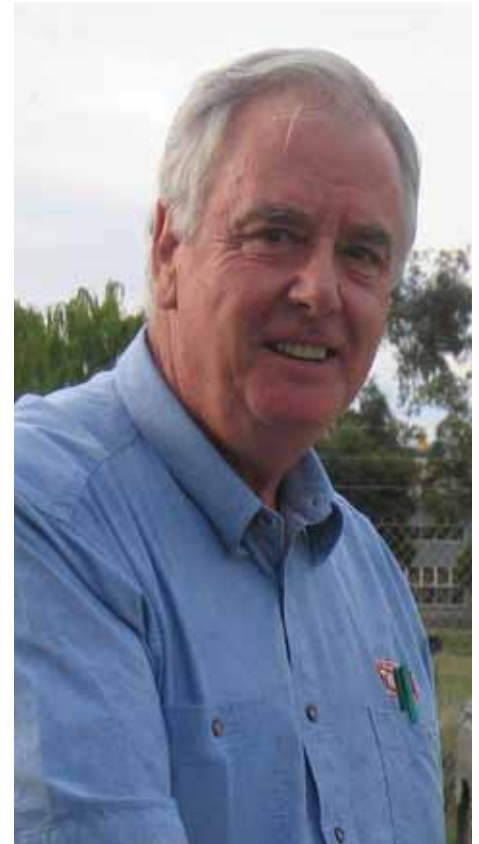
"Now we are trying to change that attitude through a series of practical steps but it is very important to show that we are practising what we are preaching", he says.

Mr Noonan believes establishing a strong relationship with a GP is a very proactive step for men when addressing their health issues.

"This is a really important step as you grab hold of your own health and if there is something wrong, say diabetes, you may be able to get on top of it early.

"I've known people who won't go to a GP and say I've got sleep apnoea; by establishing a partnership with your GP you can go at least once a year

and have a blood test for prostate cancer or diabetes and get early treatment for the problem to get on top of it" Mr Noonan says.



Men's Health Ambassador Bill Noonan

FIRST IN AUSTRALIA TO IMPLANT A NEW CARDIAC DEVICE

*By Dr Maged William
Consultant Cardiologist*

Brisbane Waters Private Hospital

On Monday, 23rd February 2009, at the cardiac angiography's suite in Brisbane Waters Private Hospital, Ron Stewart became the first cardiac patient in Australia to have a Medtronic Consulta CRT-D device implanted.

The device comes with a range of features facilitating interrogation, programmability and remote monitoring. CRT-D devices (Cardiac Resynchronisation Biventricular pacemaker with Defibrillation capability) are becoming part of the mainstream management of patients with heart failure due to cardiomyopathy (heart muscle disease) who fulfil certain criteria. The introduction of such therapeutic option by the beginning of this century has benefitted a large number of patients worldwide by improving their symptoms and

reducing the probability of sudden cardiac death. Some of these patients have achieved a great deal of improvement of cardiac function.

Newer generations of devices are increasingly reliable and come with a wider range of program options and features that would allow for monitoring of fluid lung accumulation and other aspects of cardiac failure such as patient's activity and the occurrence of cardiac arrhythmias. They also come enabled to wirelessly communicate with programmers, home monitoring devices and telecommunication devices, which would allow for remote monitoring of these devices. Ron's device implantation was uncomplicated and left him looking forward to the benefits of this new technology.



Excited at the milestone (from left) Brendan Court (Medtronic), Meagan O'Donnell (nurse), Ron Stewart (patient), Dr Maged William (Cardiologist) and Ben Howarth (Medtronic).


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- 5. Print, fill in and send back the application form.**
To alter your level of cover, complete the application form at the back of the guide and send it to us. We’ll let you know when your cover is in place, or if we need anything else.

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LITTLE SUPPORT FOR SMOKING BAN

The President of the Australian Medical Association in the Northern Territory, Dr Peter Beaumont wants a ban on smoking by health workers who are sent to indigenous communities.

Dr Beaumont told *The Pulse* that smoking in these communities sets a bad example and should be discouraged.

“Smoking in indigenous populations is a very serious problem and it is probably the most significant factor that contributes toward indigenous people between the ages of 35 and 45 having ten times the chance of dying than do non-indigenous people.

“It would be a good idea to lead by example and, if people are going out to communities, it would be better to choose people who are not smokers because the best way to lead is by example.

“We mirror our behaviours on other people and we inherit kinds of behaviours and cultures, in other words, people mimic others who they might respect and if health workers are caring for people that might mimic them and that action is

smoking then that’s a very serious matter” Dr Beaumont said.

However Dr Beaumont’s idea is not receiving support among aboriginal organisations.

The Australian Indigenous Doctors Association said it would not back the call, which it describes as discriminatory.

Spokesperson, Dr Tammy Kimpton said it would be a very difficult position to support.

“I think all across Australia, across the board, health care workers should be setting a good example and should be encouraged not to smoke, but discriminating against them is not the way to go.

“I think every health worker in every practice from Tassie to the Northern Territory should be supported to stop smoking if they are smokers.

“Given that we know that smoking is particularly bad for your health, we should be aiming for a zero smoking rate across the whole country and not just isolating, in this case, indigenous people” Dr Kimpton said.

A Respiratory Physician at Melbourne

Private Hospital, Dr Daniel Steinfort agrees the suggestion by Dr Beaumont should not be isolated to health care workers operating in indigenous communities.

“I think his intent is correct, I think it is very important for health care workers to set a positive example in tobacco control, it’s very hard to tell people that they should stop smoking in between your own cigarette breaks.

“However mandating smoking cessation, while it is a more positive than negative step, there are major issues which the Indigenous Doctors Association have raised in terms of discrimination and also in the freedom to pursue your own pleasures at your own risk and at your own peril.

“However I firmly believe that health care workers wherever they are based should not only be encouraged not to smoke but they should be educated about the potential impact of their smoking behaviour.

“There are a lot of smokers whose practice will not impact on anyone other than themselves or their immediate family but these people are in positions of responsibility and authority which makes their public perceptions much more important” Dr Steinfort said.

THE BUSINESS OF PATIENT CARE

By Dr Michael Coglin
Chief Medical Officer

A friend recently retired after 47 years in general practice, nearly all of which were spent as a solo GP in suburban Melbourne. He practised from the converted front two rooms of his family home. Staff comprised his practice nurse / manager – his wife.

His appointment book and house call list were full, but he would always find the time to see a patient in need. His popularity was based on high quality standards, uncompromising ethics, continuous learning and genuine care for his patients. For all this, he was rewarded, modestly some would say, and his rewards enabled him to raise his family. Put another way, this outstanding man practised medicine – at least in part – for profit.

Inconclusive comparisons of our public and private hospital systems against criteria of quality, access and efficiency abound. While adding my voice to this debate is beyond the scope of this article, I would make the following observations.

- Australia's Medicare-funded public hospitals are the equal of any in the world and service the community well, particularly with respect to universal access. According to industry, politicians and leaders of the profession, public hospitals are "in crisis", with well documented problems of funding constraints, demand pressures, waiting lists and ageing buildings and equipment.
- Notwithstanding the quality of the public hospital system and the community's annual expenditure of \$24,319 million on public hospitals through taxation and the Medicare Levy, 9.7 million Australians (44.8% of the population) as at 31 December 2008 have chosen to ensure access to the private hospital system by taking out private health insurance. In 2007-2008, these people spent \$12,188 million on health insurance in addition to the taxes they paid for public hospitals.
- Those who choose to belong to health funds and seek



treatment in Healthscope's and other private hospitals are not dragged screaming and reluctant off the street. They are in our hospitals through the exercise of choice. Such is the value of this choice that struggling families are prepared to find up to \$4000 per year from after tax family incomes to access our services through health insurance.

- Unlike public sector providers, private hospitals and doctors and other health care professionals in private practice are not guaranteed a viable existence. We operate in a highly competitive environment

and rely for our very existence on our ability to attract patients, doctors and high quality staff. The working environment we offer our workforce, the standard of staff and equipment we offer our doctors and the level of care and compassion we provide to our patients are utterly dependent on a common factor – quality. Put simply, without quality care we don't have a business. As Healthscope Chairman Linda Nicholls is quoted as saying "Quality is Healthscope's licence to operate".

patients in receiving high quality care. In what other industry are "quality" and "profitability" held out to be contradictory drivers? An examination of the results of the recent independent ACHS surveys of a number of Healthscope hospitals, the extraordinary level of patient satisfaction documented in patients treated in our hospitals and the freely exercised choice of thousands of doctors, nurses, other staff members – not to mention the community – to practise or be treated in our hospitals tend to suggest otherwise. By the exercise of choice, these people are electing

Hospital, Pathology and Medical Centres performed strongly, with net profit after tax before non – recurring items up 9% on last year. An interim dividend of 10.5 cents per share was paid, an increase of 10.5%. The fundamentals of the business remain strong, notwithstanding the global financial environment.

Healthscope takes pride in being a for-profit provider of private hospital, pathology and medical centre services. We can all take pride in our progress towards our goals of excellence in business and patient care. We are not a charity or philanthropic organisation – we do what we do for reward. These rewards include the satisfaction that comes from helping, and from endeavouring to be the best at what we do. Our rewards are also material – the salaries we earn or the return on funds invested by our shareholders in our facilities and equipment.

My general practitioner friend and our shareholders, staff, patients and doctors all share a common belief. Far from there being a conflict between profit and the provision of exemplary care, we are profitable because we aspire to excellence for which in turn we are rewarded.

"The standards we set for ourselves are far higher than those expected of us by others."

James Tomkins
(Triple Olympic Gold medallist)

Have you ever heard the phrase "profit before patients"? This catchcry of critics of private health care suggests that there is necessarily a fundamental contradiction between profit (that is, reward) and the interests of

to practise or be treated in a setting that best meets their aspirations. They are people for whom only the best will do.

On 19 February, Healthscope announced its half yearly results for the period to 31 December 2008.

SHOCK AT SHARK ATTACK ON SYDNEY HARBOUR

If you saw the television series on Navy Divers last year, you'll realise how tough it is to get in the squad that can risk their lives carrying out clearance operations here and in war zones overseas.



Paul deGelder initially joined the Army and then transferred to the Navy to train as a clearance diver, a job he describes as 'the best job in the world'.

That almost came unstuck in February this year when he was attacked by a bull nose shark while taking part in a counter terrorism

exercise on Sydney harbour.

His mother, Pat deGelder, the Service Manager at National Capital Private Hospital in Canberra said 32 year-old Paul lost a hand and a leg in the attack, but considers himself very lucky to be alive.

"I don't think he realised how lucky he was until he saw the photos, that's what he said, we actually saw the photos that were taken in Emergency and we were shocked.

"He was six seconds away from death; they said the bite was one centimetre away from the femoral artery and when the Navy boys pulled him out of the water they thought he was dead; they said when they got him back on the boat he had about a minute to live".

Pat said she first saw reports of the shark attack on television but didn't relate the incident to her son until the Navy rang her.

"I actually saw it on television that someone had been attacked on Sydney harbour but thought nothing more of it, but then when they rang to tell me and I was in shock.

"They told us the attack was worse than we thought, but nothing prepares you for the sight of your son with no hand, his hand was missing and just bandaged, then they told us about his leg" she said.

However despite his severe injuries, Paul is determined to return to work, in the Navy, as soon as possible.

"There's no reason why he can't do it, people fly planes with no legs, he will be fitted with a new leg soon and is already trialling a new arm, Paul is an amazing person and everyone who meets him knows that he will cope.



Still something to smile about, Pat and Paul soon after the attack

Pat has three other children who've also served in the defence forces, 28 year-old Sean is in the Army in Brisbane, Jacqui, (24) has already served in Kuwait as an Army medic, and Travis (29) was an Army commando for four years before opting to leave the services to work for the Australian War Memorial in Canberra.

And although 2009 was, so far, been a little hectic, Pat hopes the rest of the year will be less so and is looking forward to attending Travis' wedding in Italy shortly.



Well on the way to recovery

HAPPY ENDING FOR BUSHFIRE SURVIVOR

In the last edition of *The Pulse*, we reported on the case of Jenny Taylor, a Northpark Private Hospital nurse who lost her house in the tragic February 7th Victorian bushfires.

Part of that loss was her children's computer and printer which was offset, at least a little, recently when Ricoh presented Jenny and her children with a new state-of-the-art printer.



Pictured at the former house site making the presentation from left are: Mike Uwland Ricoh National Account Manager, Jenny Taylor Northpark Private Hospital nurse, her son Mitchell (11), Mike's daughter Sophie (9) and Jenny's youngest son Lachlan (6).

FORTY YEAR BATTLE WITH ANOREXIA

June Alexander is an exception to the rule; she battled anorexia nervosa and then bulimia nervosa for forty years and not only lived to tell the tale, but also to write about it.

She has just published a book *My Kid Is Back* that gives parents techniques for taking charge of their



Author June Alexander

illness and helping their child to cope and move on with life.

Her book outlines 10 family case studies about individual battles with the mental illness, which affected her own life so severely.

June's first experience with anorexia nervosa was when she was just 11 years of age after she was told she would be required to undergo a school medical in a small Gippsland school in rural Victoria where her cousin was the teacher.

"I was the only girl in the entire school who had developed breasts and I became very anxious at the thought of undressing in this one room school which had quite large windows and I didn't want my cousin to see me" she said.

A short time after, June said she began to eat less and was driven to exercise more, every day,

in a bid to change her appearance.

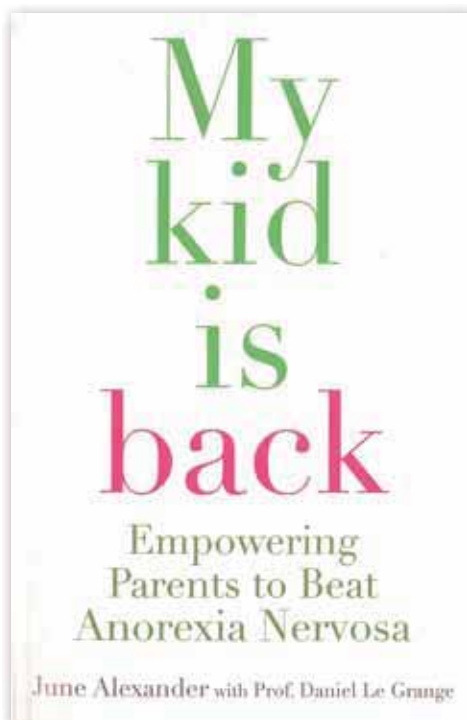
"I wasn't fat, but by doing this I thought I would lose my breasts, the doctor came but I still couldn't eat; the illness was stronger than my appetite.

"In those days, in the early sixties, the illness wasn't known in the area where I lived, I just became increasingly thin, I was all bones and veins, my ankles swelled when it was hot, sores broke out on my fingers because I was so malnourished" she said.

June said she broke out of it at 13 when she decided she could eat some cakes her mother had been baking.

"What happened to my body and this happens to many people in this situation, my body switched from anorexia to bulimia.

"I then began to eat, I had black and white days, I'd eat a lot and then not eat and by the time I was 26 I had three children and was suicidal, not only did I have bulimia, I had chronic anxiety and depression, the torment in my mind was so bad I just wanted to die to escape it," she said.



After a succession of visits to different doctors and reaching a stage of 'absolute desperation' and into self-harm, June was referred to Professor Graham Burrows from The Melbourne Clinic.

"I immediately knew he understood me and so began a long-long journey of recovery" she said.

These days June believes she is 95 per cent recovered and able to give

advice to those still on that long, hard road.

However sadly, June remains estranged from her parents and older sister.

"I often wished while I was struggling, that if my parents and my sister understood my illness or at least acknowledged it I would have got well much quicker.

"I speak to my parents who are in their eighties but my sister would say, 'you've got Satan in you' or 'there's something wrong with your head', there was just no acknowledgement.

"I've sent them a copy of the book but have received no reply" she said.

June said her advice to anyone suffering this mental illness is to seek help quickly and to emphasise that parents are not to blame.

Meanwhile, the Clinical Director of the Eating Disorders Program at The Geelong Clinic, Dr Peter O'Keefe remains concerned at the level of inadequately treated anorexia in the general community.

"It has the highest mortality of any psychiatric illness and that's probably somewhere around ten to twenty percent either through medical causes or suicide, so this is serious stuff really.

"Anorexia is one of the most difficult psychiatric illnesses to treat because there's biological aspects to it, compelling psychological aspects and often it's very socially disabling and all of these things need to be addressed.

"By the time people are hospitalised, nutritionally they are often in a very bad state which has to be addressed by gradually restoring a healthy weight; this is often terrifying for them," he said.

Dr Peter O'Keefe



EATING DISORDERS INCREASING – AGE FALLING

The Program Director of a major Eating Disorders Program at The Melbourne Clinic says he is dismayed at the increasing incidence of eating disorders, particularly anorexia nervosa and the falling age of patients battling the illness.

Dr Chia Huang says there has been a significant increase in the number of people battling the illness in the last couple of decades, particularly among young girls.

But he says the age of patients now being treated is particularly alarming with children as young as eight being



Dr Chia Huang

admitted to programs in Melbourne.

“There have been reports of children as young as eight and 10 being treated for anorexia nervosa, while a decade ago that age would have been 13 or 14.

“It is extremely worrying because there are significant health implications to this and although cultural issues do explain some of the problems, it is an illness that has been around for centuries when it was mentioned in religious literature as early as the 15th century” he said.

Program Co-ordinator, Anna-Marie Thompson says many young girls who are seen at the Clinic become anorexic as they try to copy the ‘fashion model look’.

“I think that’s a trend now; the fashion is to be leaner and thinner with sizes getting smaller, but with the client group here it’s much more complex than that.

“People with eating disorders can be trying to please, they are seeking perfection, this is a really big issue, trying to be the perfect daughter or they feel they have no control over

their life, but at least they do with what they eat.

“Although stopping eating doesn’t please their families, by that time they have got so entrenched in their eating behaviour another way needs to be found of dealing with their emotion,” she says.

Anna-Marie says anorexia nervosa is widely misunderstood in the community generally.

“Most people have the perception that’s it’s just a case of young women being vain and not wanting to eat, but of course it’s much more serious than that.

“We come across attitudes sometimes that young anorexic patients should be forced to eat and they’ll get better, but what they don’t realise is that people aren’t able to eat if they are not able to deal with their anxiety,” she says.

“What’s needed is a widely targeted education program, particularly in many rural areas where services are scarce or non-existent.

“We have a long waiting list for our program and part of that is

because there are so many people in rural areas who don't have these resources with the local hospital already under a great deal of pressure," she says.

Tragically, Anna-Marie says sometimes, young women suffering anorexia nervosa die before receiving help.



Program Co-ordinator Anna-Marie Thompson

However she says it's exhilarating for staff running the program when they see a patient near death on admission change so dramatically during treatment.

"It's very satisfying and I guess the main reason is you see people when they are admitted, very, very fragile with low self esteem and by the time

they leave they are reconnected with their friends, they are socialising and are back to their normal life" she says.

Dr Huang says the rates of recovery are heartening with an estimated 75% returning to a normal body weight and eating patterns over a seven-year period.

"I would say that outcomes have improved considerably in recent years because if you look at literature from the '70s and even the '80s, the outcome was abysmal with mortality rates of up to 15%," he says.

However Dr Huang says a recent international study in the United States found the current mortality rate for those treated for the illness is zero.

And while Dr Huang also agrees that anorexia nervosa remains misunderstood by a large proportion of the general public, he is confident that too will change as it has with a better general understanding of depression in the wider community.

Federal Health Minister Nicola Roxon has announced a national bid to tackle eating disorders.

The Rudd Government will provide

\$3.5 million to boost action in this area with a collaboration headed by the Butterfly Foundation, a not-for-profit community organisation that leads the recently established Eating Disorders Australian National Network.

The Minister says while childhood obesity rightly receives a lot of public attention, the significant number of young Australians struggling with eating disorders can't be ignored.

"Currently, services for people with anorexia and bulimia are fragmented and disjointed, research is scarce and the information available to people and their families is often inconsistent.

"This initiative is an important first step towards tackling eating disorders to bring together key organisations and eating disorder experts involved in mental health, public health, health promotion, education and research as well as media experts," she said.



NATIONAL CAMPAIGN ON EATING DISORDERS

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Nicola Roxon

THE CHANGING FACE OF MEDICINE

A senior federal Labor Party politician believes a continuing drain on public hospital services by people using them, as their primary health care, cannot be sustained.

The Parliamentary Secretary for International Development

Assistance, Bob McMullan and a former Minister for the Arts, the ACT and Trade, was speaking at the opening of a new family medical practice at Belconnen in Canberra.

Mr McMullan who is also the local member for the area, said patients

need to be encouraged to use medical centres instead of clogging up the public hospital system.

"We can't pay for it, we can't manage it, we can't staff it and we can't provide the services that people want.

"It doesn't mean that no-one will ever go there because accidents and emergencies will continue to happen



and need to be done at our big hospitals although you don't need to be in Accident and Emergency for very long to see lots of people coming through there who shouldn't be there.

"They should be in places like this and they should be getting the general practice care that people sometimes find inaccessible to them" he said.

The new centre has combined several smaller practices with fourteen general practitioners, a surgeon and a skin cancer clinic specialist available.

On average, about 360 people a day use the centre, which one of its GPs, Doctor James Cookman said is the way of the future for both doctors and patients.

"I think GPs working in a well supported environment with good infrastructure support is the way to go.

I don't think anyone comes out of medicine wanting to be a small business person and you get no training for it; when I started in general practice, I didn't even know what an overdraft was and yet you come out and you're trying to be a doctor and you suddenly find you are running a small business and I think that's still the case.

"This practice is really a merger of several previously successful practices so it's not surprising that it's been busy from day one but hopefully it will become more successful and both administratively and clinically we'll go from strength to strength" Dr Cookman said.

The Chief Operating Officer for Healthscope Medical Centres, Andrew Sando said the idea behind combining several smaller practices is to give doctors an environment to practice as they wish with back up and support.

"Doctors go into medicine to practice and that's what they want to do and yet there's more and more red tape

and bureaucracy they need to deal with.

"What we can do is provide the environment whereby we take care of that component, that's our strength and the doctors can practice the way they originally planned when they went into medicine.

"The other advantage of a large centre is you can bring in nursing and administration support and all of the benefits which flow on to the patients," he said.



Dr James Cookman, Andrew Sando and Bob McMullan

AUSTRALIAN BABIES STILL BOOMING

Soon to be mothers at a Childbirth Education Class at Northpark Private in Melbourne say the economic downturn has had little effect on their decision to give birth.

Contrary to recent speculation in the national media, the baby boom continues apace at hospitals across Australia, with mothers-to-be reporting that the coming of the global financial crisis has had little or no impact on their decision to reproduce.

Prince of Wales Private Hospital in well-heeled inner Sydney has experienced an upturn in requests for maternity services.

Director of Nursing Allison Carr said that its recently launched 'Little Luxuries' program has seen increased demand for birthing places at the hospital

"We have not noticed a drop in births and in fact late last year we opened our program at the local hotel with beach views which has generated more interest.

"As we are CBD and located on site with the Royal Hospital for Women we are a popular site and we still have considerable bookings up to November this year, so people are planning ahead," she said.

At Northpark Private Hospital in Melbourne's rapidly growing northern suburbs, the demographics are radically different, but the story is the same, with prospective parents undeterred by the changed economic landscape.

Maternity Unit Manager Lyn Shaw said Northpark was still seeing a steady rate of births at the hospital.

"We have not noticed any type of trend related to the world economy; our future bookings remain constant, so our maternity unit is business as usual," she said.

Whether the continuing demand for private hospital maternity services is related to the unexpected upswing in private health insurance membership is unclear at this stage.



Susan
(due in 5 ½ weeks)
No. It's more an age factor for us.



Chelsea
(due in 5 weeks)

Not really, not at all. It didn't affect my decision to have a baby.



Emma
(due in 4 weeks)

No, not really. We haven't made any massive purchases, but it's all been pretty much the same.



Heidi
(due in 7 weeks)

No. We were going to borrow regardless of the situation and we've bought stuff regardless of the situation.



Kerrie-Anne
(due in 10 weeks)

No, it hasn't affected us at all. The only thing I've done is sold my car to get a bigger car.

JOBS SURGE IN HOSPITAL DEVELOPMENTS

An estimated thousand new jobs in the construction industry and around 3,000 permanent healthcare related positions are expected to be created with five Healthscope hospital projects currently underway.

The projects at The Melbourne Clinic, Victorian Rehabilitation Centre, Campbelltown Private, Brisbane Private (Stage One) and Knox Private will be completed between this October and the end of next year.

The General Manager of Property and Infrastructure, Matthew Tymms said the works are part of Healthscope's strategy of redeveloping and expanding many of its existing hospitals.

"These are all exciting redevelopments which will bring on line another 985 beds in many

vital areas including mental health, rehabilitation and medical and surgical, plus twenty-six theatres.

"Importantly in this difficult economic environment, Healthscope's redevelopment program will provide significant short to medium term employment opportunities," he said.

At The Melbourne Clinic, redevelopment scheduled to be completed by November this year, will include an additional 48 overnight beds, a new multi-level car park and an additional eight consulting suites.

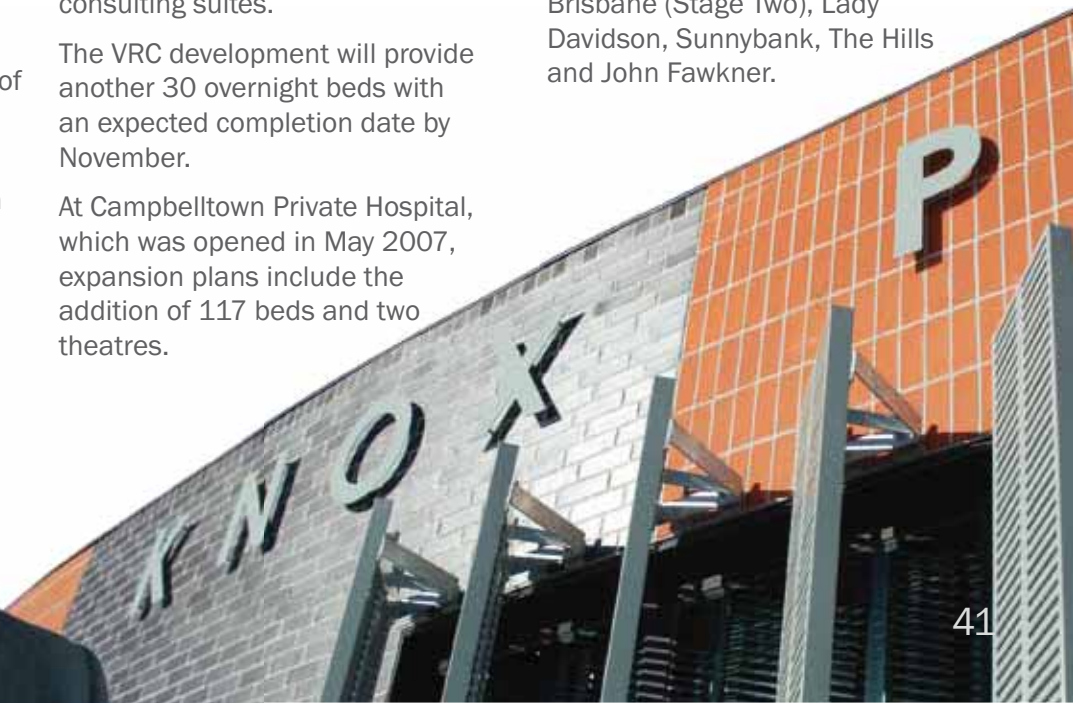
The VRC development will provide another 30 overnight beds with an expected completion date by November.

At Campbelltown Private Hospital, which was opened in May 2007, expansion plans include the addition of 117 beds and two theatres.

In Brisbane, the expansion will provide for an additional three state of the art operating theatres, relocation and expansion of Brisbane Private's drug and alcohol service and another eight beds.

The project, which also includes the creation of a new Diagnostic Imaging service at the hospital, is scheduled for completion by the end of October this year.

Mr Tymms said a further eight projects are in the early planning phase of development including Northpark, Newcastle, Allamanda, Brisbane (Stage Two), Lady Davidson, Sunnybank, The Hills and John Fawkner.



Attracta Roach

Gribbles Veterinary Pathology
Clayton

What is your current role at healthscope?

Product Manager

How long have you worked in the job?

Over two years. Prior to this, I worked as a Project Manager for Inverness Medical Corporation in Ireland.

What do you like most about it?

The variety. There is never a chance to get bored. Some days I am preparing technical material such as fact sheets and protocols, and the next I could be preparing for a seminar.

What couldn't you live without?

Music, wine, chocolate and good company. I think life would be very dull without any of these.

If you had the chance to invite four people to dinner (living or not) who would they be?

Martin Luther King Jr, Christy Moore (an Irish folk singer), Dr. Seuss (someone who can write such witty and weird stuff for children, has to be fun) and Martina Navratilova.

If I wasn't me, I'd like to be?

Working for the World Health Organisation or Centre for Disease Control. I like the idea of investigating disease and preventing disease spread and protecting people around the world.

Star Spot



What is your favourite pastime?

Spending time with my family and friends, whether it is doing stuff outdoors, travelling or just cooking up a storm at home.

If you were Prime Minister for the day, what would you change?

I am not a greenie, but I would love the opportunity to show the government that climate change is an opportunity to promote greener business, provide jobs and have a cleaner environment for our children



GROWING OLD – GRACEFULLY

Is there a secret, asks Russ Street?

A dear friend of mine recently mourned the passing of a much-loved aunt who lived in Iowa in the United States.

It was mourning only of sorts because the aunt, Letitia Lawson lived a long, fruitful and happy life and when she died she was 112.

Many would measure her life as a hard one, living and working on a farm, doing many tasks like picking corn and the hard manual labour often considered 'man's work'.

However Letitia, whose husband died many years ago, lived in her home in the small town of Milford, taking care of herself until just three weeks before her death.

In January the heating failed in her home at around midnight after the temperature had plummeted to -31 degrees C.

Remarkably she went to the basement, crawled under the steps and fearing flooding, turned off the water supply – she hadn't wanted to disturb the repairmen so late at night.

A remarkable life of a remarkable woman who was the 14th oldest person in the world.

So what is the secret of growing old, gracefully and in the best health possible?

Dr Michael Johnston is a Rehabilitation

Specialist at Allamanda Private Hospital on the Gold Coast.

He sees elderly patients every day and said while there is no guarantee or real secret to growing old, in good health and in good spirits, he believes there are many steps that should be taken towards living a longer, better quality of life.

“I see a lot of patients whose breakfast every day is tea and toast, that’s been around for many, many years but it’s not ideal and certainly not the nutrition they need.

“So there needs to be a change in attitude towards what elderly people eat, to eat more balanced nutritional meals, to exercise more and to socialise, that’s very important as well.

“Unfortunately the nuclear family is more the norm these days rather than an extended family where the elderly are exposed to more people.

“With economic circumstances meaning many people in the household are at work during the

day, many elderly people stay at home alone with little or no social interaction.

“If that happens for too long, they lose the will to get out, to visit other people and they get weaker and more disinterested as they stay at home,” Dr Johnston said.

At the other end of the activity scale is 83 year-old Bette Calman, a devotee of yoga for the past 50 years who is fitter than most people half her age.

Speaking to *The Pulse* from her home at The Village in Melbourne’s Williamstown, Bette attributed her enduring good health to yoga and a sensible approach to diet and exercise.

“Yoga has been a wonderful study for me. I’ve never had a cold and I don’t get headaches, and most of the food I eat is natural; I just go to the fridge and make a salad,” she said.

Taking us through a sequence of superbly executed yoga positions, Bette enthused about the importance of all exercise for maintaining good health.

“Everybody’s body, if it’s looked after, is less prone to injury.

“No matter what kind of exercise you’re doing, listen to nature; she won’t hurt you without warning you first,” she cautioned.

But she was quick to admit that she also enjoys some of the good things in life like cake.

“I love cake, of course I’ll have a slice but all things in moderation, you know, I’m not building the house; I’m just maintaining it,” she added with a grin.

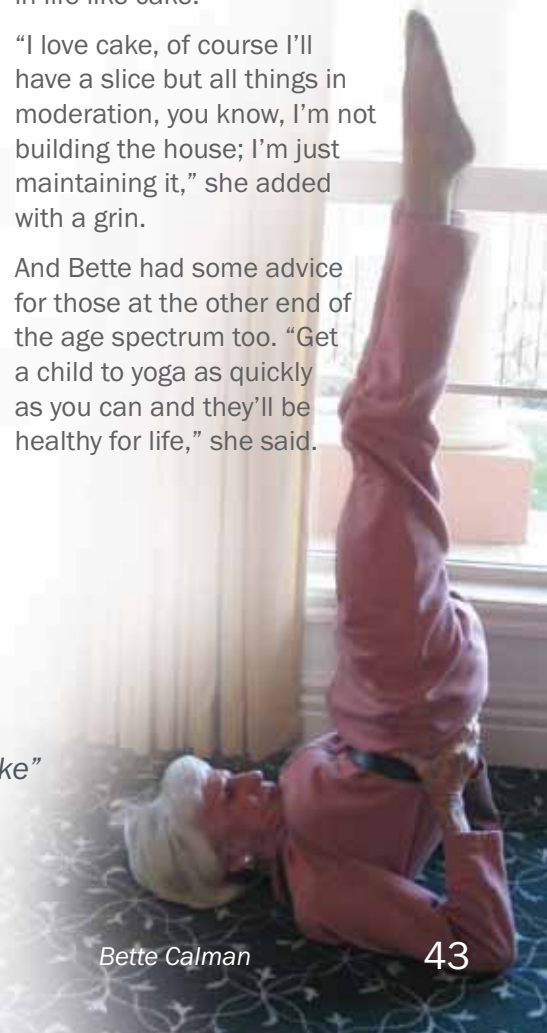
And Bette had some advice for those at the other end of the age spectrum too. “Get a child to yoga as quickly as you can and they’ll be healthy for life,” she said.

“You know you’re getting older when the candles cost more than the cake”

Bob Hope

“I’m at an age where my back goes out more than I do”

Phyllis Diller



Bette Calman

HEALTHSCOPE SNAPSHOTS...

Doctor Who? - When this ring-in turned up at Melbourne Private Hospital recently, at first staff weren't sure whether he was a doctor, a patient or an interloper.

In fact, it was Healthscope's IT Services Coordinator for Victoria and Tasmania Tim Cowell, who was there to fix some equipment in the operating theatres.

Working in theatre, Tim was in scrubs for hygiene purposes, as well as aesthetic ones.



Meanwhile, up at Darwin Private Hospital, three year-old Madison Berry is helping out on the ward.

Madison is a frequent visitor to the hospital, where she has been undergoing treatment for cystic fibrosis, and she 'helps' in different areas.

She has performed procedures mirroring her own treatment on Teddy, her constant companion, and when she is able, Madison and Teddy do a 'round' with Jenna Hutchins the ward clerk.

Sunnybank Private Hospital in Brisbane recently celebrated 30 years of service from their Orderly Graham Hughes, whom for some reason, everyone there knows as Paul.

In thanking him, General Manager Sue Thurbon proudly noted that along with being known for his hard work and friendly, helpful manner, Paul started at Sunnybank before it opened and he still has his first letter of employment and ID.

Now that's dedication but Paul, where's the patient?



ACKNOWLEDGEMENT THROUGH ART

Many cultures and religions include the concept of a 'Tree of Life' as a symbol, connecting Heaven and Earth, helping to explain the forces that exist between spirit and matter, or representing the Earth's bounty, renewal and growth.

Art therapists at The Victoria Clinic have used their own Tree of Life as a catalyst to reinvigorate the Art Therapy program, and patients have embraced it wholeheartedly.

Development Co-ordinator Shana McCormack says the concept developed out of some patients' desire to give something back to the Clinic and exhibit a memento representing their individual journeys from illness to recovery and evolving stages of renewal and growth.



Development Co-ordinator Shana McCormack standing between Art Therapists Amanda Laming and Carmella Grynberg.

"We made a decision about special projects and one of those that developed out of discussions with clients was that they felt like they wanted to leave something behind at the clinic, and that was where the Tree of Life was developed.

"Patients are given a canvas, and they use that canvas while they are here, they can choose the designs and whatever they want to do, and then that's left behind here as part of the Tree of Life exhibited on the wall," she said.

In addition to their therapeutic education, both of The Victoria Clinic's Art Therapists, Carmella Grynberg and Amanda Laming, are artists in their own right who have their own exhibitions independent of the work that they do at TVC, and that is evident in their respect for the patients' works.

"I try and frame the works really quickly so patients can see them up on the wall because it affects the sense of self esteem so much. When previously they may not have valued anything they've done, now their work is valued in the group

then everyone notices it," explained Amanda Laming.

Carmella Grynberg reiterated the importance of the process for patients.



"It's a great form of communication for things that are otherwise difficult to talk about, as well as making people feel acknowledged.

"The end product is important, not because it's going to sell, but because it has integrity for the person, and they get confidence to challenge themselves," she added.

As the Tree of Life's branches grow ever more laden with art on the walls of The Victoria Clinic, the trio is full of further plans for later this year. Keen to exhibit the works publicly, they would also like to add more creative classes to the schedule.

These may include creative writing, movement and drama.

IN THE NEXT ISSUE OF
the Pulse

DEBATE OVER CARE FOR
NEW MOTHERS

COPING WITH
WAR STRESS

JEFF KENNETT
ON DEPRESSION

RESILIENCE IN THE FACE
OF TRAGEDY

FOOTY INJURIES
CLIMB



Healthscope

street talk...

I reckon actor Sam Neil has a great idea; with tongue in cheek, he wants to open a new front following the war on terrorism – this time a war on panic and a second front, a war on anxiety.

The New Zealand born actor wants to send all the pundits, financial experts and business page gurus to lunch for six months.

This, he believes, would boost the hospitality industry, the economy and the morale of nations that wouldn't have to listen to stories of doom and gloom.

We all know by now how serious the world financial downturn is and how long it will take to recover. House prices have fallen, the car industry has stalled (!) and business warns of hard times ahead – forever, it would seem.

So Sam believes it's time to have a break, to spread some positive news, to smile for crying out loud – now that would be the best tonic any community could receive.

The recent anniversary of the tragic Bali Bombing bought home yet again the futility and the cost of terrorism, a cost that continues to today.

For many victims who survived, the recovery continues, albeit ever so slowly, and it was heartening to hear of the case of 'Yayuk' who could hardly use her left arm after the bombing because her

skin was fused solid by scarring from her hand to her shoulder. She had suffered burns to 30 per cent of her body.

The 46 year-old is well on her way back to health, with plastic and reconstructive surgeon Mark Duncan-Smith is confident she will regain normal movement in the arm.

The former cook who was working in Paddy's Bar at the time of the blast has been in Perth four times for surgery, the most recent at the Mount Private Hospital where she was given a full thickness graft to restore movement in her arm.

What is even more heartening is that Yayuk received the hospital services, Mr Duncan-Smith's surgical services, and anaesthetic and radiography services all without charge.

If it weren't so serious a subject, you'd have to laugh.

A 41 year-old man from Wodonga on the NSW-Victorian border registered a blood alcohol content of 0.363 at 1:30 on a weekday afternoon after driving into the side of another vehicle.

When questioned by police, he said he drove because he was too drunk to walk!

Such is life!

...Until next time

Russ Street



Caring for the super of over 650,000 of us

*While we're busy taking care of others,
HESTA is busy taking care of us.*



**SUPER
RATINGS**

**SUPERRATINGS
PLATINUM
SABRINGS 09**

**5
5 YEAR PLATINUM
PERFORMANCE
09/09**

**SELECTING
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QUALITY
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