

the Pulse

PRIVATE
HEALTH
MAGAZINE

A Healthscope Publication

Christmas 2009



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IN THIS ISSUE OF thePulse

MISS WORLD WIN



JEWISH MENTAL HEALTH MOVES



SURPRISING BEER STUDY



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CANBERRA LINK TO MISS WORLD AUSTRALIA

She used to think, like a lot of people, that beauty contests were little more than meat markets, but no more.

After being crowned Miss World Australia at a glamorous ceremony in Sydney recently, Sophie Lavers, who was raised in Canberra, said while some do fit into that category, this one is based on much more than physical beauty.

"I used to think that and when I first heard about the competition I wasn't sure if I wanted to enter but then when I looked at all of the different sections and the connection we have with community work, I wanted to be involved," she said.

Sophie has adopted the cause of homelessness in the twelve months since entering the competition and has learnt a lot on the way to being crowned.

"I have done so much in this past year with this competition, whether it's working with the homeless and understanding them, understanding different lives, working on the Lifeline Bus in King's Cross, I have

learnt more than I have in my whole life," she said.

Sophie's mother, Elizabeth Pickup, a doctor at the North Belconnen Medical Practice in Canberra agrees it's been a life-changing event for her daughter,

"When she worked at King's Cross it reminded her of a time in Melbourne many years ago when she used to duck into the shops to avoid some of the mentally ill because she was scared of them.

"Over time, she's come to know them in the street and in many ways it's helped her overcome her fear of things she might have previously thought of as strange and I think she has developed an empathy for them," she said.

Sophie said while the community work has been the most challenging and the most rewarding, the competition to become Miss World Australia is wide reaching with categories including best talent, healthy body image, sports, fitness, poise, elegance and communications.

But can all of those attributes be in one person?

"I think that's what it's about, that's what I like, it encourages you to be the best that you can in all areas of life and to focus on that in the judging sections, so no matter what, I feel that I have developed as a person," she said.

Smiling is a big part of making it to be Miss World Australia with endless photographs and crowd attention but Sophie said she also accepts it as part of the role.

"You do have to be polite, you do have to be switched on all of the time but there are positives and negatives in everything you do.

"I want to be an actress or on the stage so if that's my dream and I can deal with everything else I have to do.

"I love performing and acting, it has always been my dream, I used to make my best friends put on plays with me, we'd dance around the house and I would be the Director of course, I just don't think there's anything quite the same.

"I think when you're a creative person, nothing lives up to that – on stage, it's like you're flying," she said.

While Sophie's Mum is justifiably proud of her daughter she too rejects the beauty contest tag.

"I thought Sophie would do very well at this because she's very into fitness, she loves being fit but she's never been into beauty for itself, she's not into glamour, I think she wore her artificial nails for the first time in her life for this competition," she said.

While Sophie has done so well so far, Elizabeth empathises that she has never been a 'ballet mother' who pushes their child to extremes, expecting them to win, she does think Sophie will be a better person by being part of this competition.

"I think so, doesn't everyone want to be a better person?"

"Every experience is a learning

curve and everything makes you a better person really," she said.

Sophie was selected for the crown from 19 other hopefuls and will compete at the Miss World Contest in the South African capital of Johannesburg in December but despite the stiff competition, remains hopeful.

"There are a lot of girls in the competition, over a hundred, I'm just going to do my best and you never know what happens," Sophie said.



Miss World Australia Sophie Lavers with proud mum Dr Elizabeth Pickup

WHEN FAITH AND UNDERSTANDING COMBINE

Lisa is 42, has two children who she says, because of her bipolar, don't know if their mother will be on a high or very low in the space of ten minutes.

"When I'm high I talk very fast, I jump up and down, I can have four conversations at one time, when I'm low, I simply go to bed, I can't sleep very well so I take sleeping tablets which means in twenty minutes I'm going to be asleep, I don't have to deal with the rest of the family or anyone else.

"Over the past three years, I've probably only ever been normal for about two or three months and I rapid cycle which means that I go

from high to low twelve to fifteen times a day, it's emotionally and physically draining," she said

Diagnosed with the mental illness only three years ago, it however has been a life-long condition that she has struggled to live with.

Lisa has been admitted to The Sydney Clinic twice in the past year after episodes set off by what she calls 'triggers'.

"In my case, family, jobs and a couple of days ago it was simply a song that shook me up it just totally made me manic.

"The triggers start you off again, the medication will not work, the trigger will totally mess up all of your medication and everything else," she said.

Lisa copes with her life in many ways, she has, to but she said her Jewish faith continues to be a great help and at The Sydney Clinic, faith is a vital part of many people's recovery.

There, Jewish leaders have joined with administrators to offer welfare and chaplaincy services to patients.

Rabbi Mendel Kastel said the

partnership between Jewish House and the Clinic can have a significant positive impact on recovery.

He said it's important that patients get the highest level of professional care along with having their cultural needs fulfilled as well.

"Different people would have different needs depending on how religious they are but definitely the more we can make them feel at home in the hospital, particularly when they're feeling isolated because of mental health issues, this would have a strong impact on them.

"If they didn't have it, many would try and organise it but it would create more stress and discomfort which is what we are trying to avoid," he said.

To achieve this, through a partnership with Rabbi Kastel, The Sydney Clinic is making available a range of cultural and religious aids for Jewish patients.

These includes a mezuzah, a piece of parchment inscribed with specified Hebrew verses from the Torah which is attached to the doorway, kosher products in the canteen and on the menu, a prayer



Darren Rogers

room, a Jewish library and Jewish Meditation tapes which are available to patients.

The former General Manager at the Clinic (now at Darwin Private Hospital), Darren Rogers said there is a definite need for

these types of services.

"I think it's hugely important for the local community; we have a large number of Jewish clients who come into the hospital, so it's vital that we offer them a service which meets their spiritual and cultural needs as well," he said.

For Lisa, her faith, available as she is given treatment, is like a protective shield.

"It's part of my lifestyle, the way you are bought up, and it's part of who you are.

"Even though the Clinic is there to fix you up, your Jewishness is who you

are and having the Jewish part there make you feel safe and protected," she said.

Rabbi Kastel said he hopes to expand this service to other hospitals as well.

"I'm already the Chaplain at the Prince of Wales hospital so obviously Prince of Wales Private will be our next target," he said.

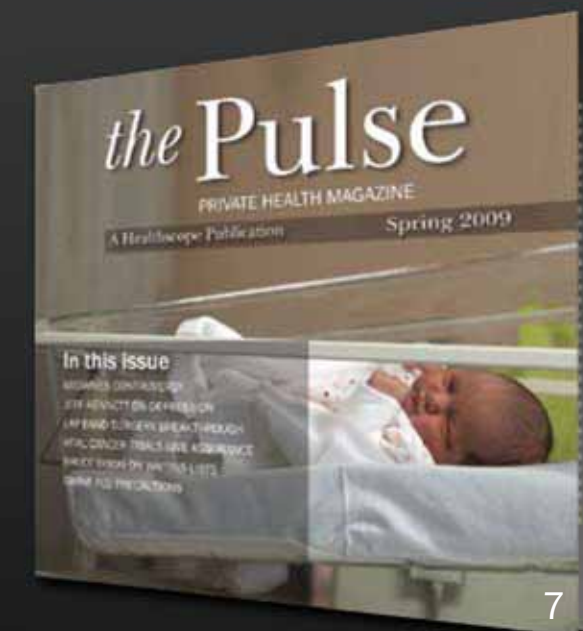
The General Manager of Prince of Wales Private, Deborah Latta said she would welcome the opportunity to talk to Rabbi Kastel about expanding the scheme to her hospital.

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The Pulse is a seasonal Healthscope publication which is distributed free to key Healthscope staff, management and Board members. Additionally, it is read by health industry decision-makers, politicians in the health portfolio, journalists and public subscribers.

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NEW ACCREDITATION FOR DRUG TESTING

There have been many cases portrayed in the media of elite sports stars failing drug testing and some others, including tennis legend Andre Agassi who has admitted using drugs during his career.

Drug testing is not unique however to sports stars, now it's being incorporated in the workplace with employees able to be tested for illicit drugs which may effect their performance.

Healthscope's flagship pathology laboratory in Melbourne recently became one of the first labs in Australia to achieve a new level of accreditation, which will allow the lab to test urine for drugs of abuse

on behalf of clients like insurance companies and large employers.

Commercial Pathology General Manager, Erkam Kadiric said the achievement was good for business.

"Inside the large mining and resource sector, more and more companies are leaning towards this accreditation and in recent times we have been approached by several such companies to service them in accordance with this standard.

"Being one of the first providers to have this accreditation puts us in a strong position to lead testing in this area and highlights the high levels of our laboratory services in

commercial pathology testing.

"It's a real vote of confidence in our turnaround times and especially the integrity of our processes," he said.

Following seven months of intensive preparation, the laboratory was assessed for compliance to the AS/NZS 4308:2008 Toxicology Standard, which addresses appropriate procedures for the collection of urine, handling and dispatch of specimens to the laboratory for screening and confirmatory tests.

Scientific Head of Department, Biochemistry, Graeme Carter said the lab was well equipped to meet the new workload.

THE HEALTH EFFECTS OF DIVORCE – NEW STUDY

A new study has found that divorce has a significant impact on your physical and mental health, which can continue, in some cases, for life.

Divorced or widowed people have a 20 per cent higher incidence of chronic health conditions including heart disease, diabetes and cancer than people still married.

The research published in the Journal of Health and Social Behaviour included interviews with 8,000 people in the United States.

It found that people who didn't remarry after divorce suffered the greatest ill health, mainly through stress generated by a big fall in income, shared custody of children and other issues relating to children and property.

Mental health was also a big factor in divorce with many suffering severe depression for many years following a divorce.

The Chief Psychologist at The Melbourne Clinic, Simone Pica said men are often the worst affected as many don't seek help which, in the

worst cases, can lead to suicide.

"The reality is many people slip in their daily routines, they don't look after themselves as well, they may not function at work and it's often men who are the biggest problem.

While divorce rates are now falling for the first time in many years, the way a couple is married is changing significantly.

In 1989, of all weddings in Australia, 57.8% took place in a church; in 2008 that figure had dropped to just 35%.

Those choosing a civil celebrant jumped from 42.2% to 65% over the same period.

"Even though there are services out there they don't tend to access them, and if a man who is divorced gets depressed he's at a higher risk of suicide and that's a huge concern.

"Women naturally tend to experience depression more frequently but they seek help more readily," Ms Pica said.

She said society needs to better understand the rigours of divorce, especially how it can affect people from different walks of life and from different cultures.

And she said underlying, existing factors could be triggered by a divorce.

"Some people, with a predisposition to a mental disorder, if they experience significant stress through divorce it is a time they are likely to develop the symptoms or have an episode.

"It can take some time to recover as a person rebuilds and copes with the changes in their lives and while everyone is different for some, the stress and anxiety can last for many years," Ms Pica said.



Simone Pica



The team from the newly accredited Toxicology lab at Clayton

BEER DRINKING AND DEMENTIA

A senior psychiatrist at The Melbourne Clinic says beer drinkers who believe a new study that claims moderate beer consumption can aid in the battle against developing dementia should be a little wary.

The study by the Ageing Research Unit at the Australian National University in Canberra found that light to moderate drinkers are 28 per cent less likely to develop Alzheimer's disease and 25 per cent less likely to develop vascular dementia than non-drinkers.

However the author of the study, Kaarin Anstey said it remains unclear why some alcohol consumption in later life reduces the risk of developing dementia.

Dr Richard Bonwick from the Melbourne Clinic's Aged Psychiatric Unit and a specialist in aged psychiatry believes while many people might use the study results as evidence that drinking beer is harmless, it must be strictly qualified.

"I think the word is moderation, alcohol is a significant problem in all age groups through dependence and its use.

"The positive side of it is there is some evidence that small amounts of alcohol, probably two standard drinks per day, can be beneficial to your health for a whole variety of reasons.

"There are suggestions of a reduced risk of heart and stroke disease and this is also suggesting it may have an effect on Alzheimer's Disease as well," Dr Bonwick said.

However Dr Bonwick said no one should take these types of findings as proof that unlimited amounts of alcohol are OK for your health.

"Unfortunately a lot of my patients say that to me, they read things in the press that alcohol is good for you and come and present it to me and say this is my excuse for drinking, what I would consider an excessive amount," he said.



Dr Richard Bonwick

Dr Bonwick said despite the upcoming holiday season when drinking usually escalates, everyone should know the amount of alcohol that is considered safe to consume.

That is two standard drinks a day which amounts to two small glasses of wine or two seven once glasses of beer.



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CANCER PROGRAM WINS NATIONAL AWARD

A long-running cancer support program run by Ringwood Private Hospital in Melbourne has received national recognition with an award from the industry's governing body.

The Look Good, Feel Better program awarded the hospital's efforts at its annual fundraiser, where it was awarded the Participating Centre of the Year at both State and National levels.

Ringwood Private Hospital's Cancer Support Coordinator, Tracey Moroney flew to Sydney for the event and was delighted with the result.

"It's a great credit that Ringwood Private got the award, not only at a state level, but at a national level, because they fund someone to get women to do the program and to reap the benefit, so that really is a tribute to Ringwood's passion in supporting people with cancer.

"It's something that I'm very passionate about and the wonderful thing is, with my role as Cancer Support Co-ordinator, it's part of my job to get ladies to that workshop," she said.



Award winner Tracey Moroney (right) with Look Good... Feel Better ambassador Kerri-Anne Kennerley

Look Good... Feel Better is a free community service program dedicated to helping women undergoing treatment for cancer to manage the appearance related-side effects of chemotherapy and radiotherapy, thereby helping

to restore their self image and self-esteem.

Since the cosmetics industry established Look Good... Feel Better in 1990, more than 70,000 women living with cancer have been helped by the program, and it now runs at 153 locations across all Australian states and territories.

Tracey Moroney said that it helped women with beauty tips and advice, but also provided them with a supportive emotional experience.

"It is available for all women who have a cancer diagnosis undergoing treatment and provides each participant with a make-up kit donated by big cosmetics companies like Chanel and Estée Lauder, and workshops are run by trained beauty advisors who also volunteer their time to go through a make-up application demonstration, and we have someone come in and talk about wigs, wraps, turbans and how to accessorise.

"But generally for the women, it's the first time that they're in a room together with people who are walking a similar journey, and I think

the most powerful thing for me is that you can see them come in, they have a lot of trepidation, they're a little bit unsure, but by the end of the session, they laughing, they're joking, they're sharing, they're often exchanging phone numbers.

"It's just that beautiful kinship you see in the group and it's really special and they do leave the

program looking good and feeling better.

"I think people are becoming more aware of how important it is to offer that sort of psychological support because obviously the journey with cancer doesn't just affect people on a physical level; it affects their whole being and you've got this wonderful program

that focuses on their physical wellbeing but also does so much emotionally for them," she said.





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FROM THE HEALTHSCOPE CHAIRMAN.....

It is nearly the end of the calendar year. School is out, summer is here, we can count the sleeps until Christmas and holidays with family and friends are about to begin.

Footy is over but cricket and tennis are in full swing and for shopaholics and bargain hunters the Boxing Day sales lay ahead. Soon we will be celebrating New Year's Eve and making more New Year's resolutions. For me this is a time to reflect on the year just gone and look ahead with excitement to the challenges and opportunities of the coming year.

We live in a lucky country. Australia weathered the Global Financial Crisis without recession and our economy and financial markets are strengthening daily. At Healthscope we saw that strength when our shareholders raised new equity of \$140M to fund our growth, indeed, our offer was over-subscribed.

We work in a strong and growing industry. During 2009 Healthscope bought new pathology labs, opened new hospitals and brought Labtests New Zealand into operation. Clinically and commercially

we delivered further quality improvements for patients, staff and shareholders.

Ahead we have opportunity and challenge. The opportunity to innovate with regulatory change and clinical advances. In the face of change we choose to respond, to anticipate and to lead.

In 2010 we will open collection centres in Queensland and New South Wales, expand our medical centres, open more hospital theatres and beds and do more for more Australian patients to improve health and healthcare.

Working together we take pride in our progress and earn respect for our professionalism and commitment to clinical quality and patient care.

Looking back we have much to be thankful for in the year just gone, and looking ahead we have much to be excited about in our future.

I'd like to wish each of you and your families a safe and happy holiday and a Happy New Year.



Linda Nicholls

SUCCESSFUL YEAR FOR HEALTHSCOPE

Healthscope has announced a Net Profit after tax, before Non-Recurring Items of \$88.2 million, an increase of 18% over the previous financial year.

Managing Director, Bruce Dixon, said revenue for the 2008-09 Financial Year increased ahead of market growth with margins improving in both the hospital and pathology divisions.



Bruce Dixon

Mr Dixon said strong underlying demand for health services provided by the Healthscope network had underpinned continued growth in revenue and margins across all divisions.

He also announced the acquisition of Healthcare of Australia Holding Pty Ltd which operates Analytical Reference Laboratories (ARL) a Victorian based pathology provider as well as a network of skin clinics and medical centres.

At the same time the company announced capital raising of \$140 million via a fully underwritten institutional placement to fund hospital expansion, acquisitions and future growth opportunities.

Mr Dixon said the purpose of the capital raising is to provide funding for the expansion of hospitals, funding for recent acquisitions of pathology and medical centres including ARL and to provide flexibility to pursue future acquisitions.

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WARNING ON SMOKING DANGERS FOR WOMEN

A new study into lung cancer has found that smoking is more dangerous for women than it is for men.

The international study of 683 patients found women tended to be diagnosed with lung cancer at a younger age than males even when they smoked less and were more susceptible to common forms of cancer than men.

Despite the widely known adverse effects of smoking, recent figures also show that young women are taking up the habit at higher rates than men.

Dr Wayne Kelly, a Consultant Physician at Brisbane Private Hospital, is at a loss to understand why young women are taking up the habit, despite the evidence.



Dr Wayne Kelly

"I believe the evidence is there that women who smoke are of greater risk of getting cancer than men and certainly the death rate from lung cancer in women who smoke is increasing while it is stabilising or possibly declining in men.

"Women are thought to start smoking at a younger age than males now, often for social reasons at a time when potentially their lungs are still growing making the lungs susceptible to a mutagenic or carcinogenic effect.

"I also think we also must also look at the other smoking related illnesses; there is some evidence that women who smoke get more aggressive cardiovascular disease as well," he said.

However despite the many millions of dollars being spent on anti-smoking campaigns, Dr Kelly said these often fall on deaf ears.

"Education campaigns in this country are mostly misdirected and while smoking is on the increase the way we are going about education campaigns are not really working or achieving what they set out to achieve," he said.

"I think there is still the idea that it is cool to smoke; you see rock stars, musicians, actors and actresses smoking, of course some young girls see it as a way of controlling their body weight and there is no doubt it is a very addictive drug," he said.

Dr Kelly suggested that a more direct way of getting the anti-smoking message across is to introduce young smokers to former smokers, now suffering as a result of a life of nicotine addiction, who are often dying from emphysema.

"Literally confront them, ask them if this is how they want to be in thirty years time and there are a lot of patients out there who will gladly tell younger people not to smoke.

"I think many of the younger generation believe they are infallible or believe they have plenty of time to give it away which unfortunately is not true.

"By the time they do they have often acquired a fatal dose of nicotine," Dr Kelly said.

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NORWEST A BOON FOR BABY BOOM

Sydney's Norwest Private Hospital only opened its doors in September, but it has already set some new benchmarks.

General Manager Stephen Gameren said the figures spoke for themselves.

"It's been a baptism of fire; after we opened on September 6, we had a baby born by caesarean section in the very first hour of our first night.

"The new hospital has caused quite a stir and many mums-to-be are making enquiries directly to the hospital.

"The hospital had 140 babies booked for October, up from our

average of 85 in preceding months at the old site at The Hills," he said.

Emergency Department Acting Director Dr Steve Madden said the number of operations in the new Emergency Department also provided a marked contrast to the old premises, even though the facilities were only operating at 70% of capacity.

"In the first week we had 200 operations in seven theatres; in the old hospital we may have had 230 in a week, so you can see it's been rather busy," he said.

With the remaining three theatres now fully operational, the hospital is now operating at full capacity.



Norwest Private Hospital

10,000 BABIES FOR NEWCASTLE PRIVATE HOSPITAL

When Leigh and Bill McGowan welcomed baby Scarlett Rose to the world, it was an event celebrated with unusual fervour by staff at Newcastle Private Hospital.

Scarlett was the 10,000th baby born at the hospital's maternity unit since it commenced operation five years ago.

The only private unit in Newcastle, the Newcastle Private Maternity Unit is a 38-bed facility incorporating antenatal, postnatal, five birthing suites and eight level-two special care nursery beds.

General Manager Shane Neaves said the number of births had increased substantially in the past 12 months.

"Births have gone from 914 to 1900 and while this is a significant increase in workload, it is more importantly, recognition of the hard work and quality patient care provided by everyone who works for

or on behalf of the Maternity Unit.

"The majority of the maternity staff have worked together for many years and have made a significant contribution to a positive birthing experience for thousands of mothers, and they should be justifiably proud of their positive reputation in the community," he said.

Healthscope NSW State Manager Shane Winterton agreed that although the national baby boom had been a factor in the increase, the figure was a testament to the quality of the work undertaken by the hospital's staff.

"While the baby boom of recent years has meant an increase in the number of babies born overall, for Newcastle Private to reach 10,000 shows the commitment of the staff and doctors to the highest quality of service, as well as the support of the Newcastle community," he said.



Proud parents Leigh and Bill McGowan with their new daughter Scarlett Rose and Newcastle Private Hospital General Manager Shane Neaves

THE FACE OF DEPRESSION

BY GREG BARNS

Recently I got hit with a case of the black dog, as Winston Churchill used to call depression.

So I wrote about it just as the corner was being turned. You might identify with it; you might not. But the more you share your experiences with others, the better we will all understand those around us.

Saturday morning was the worst.



Greg Barns

Getting out of bed seemed impossible, despite the wintry blue sky doing its best to show itself off.

The black pall hovers over the eyes, permeates the head and renders you immobile. Tears well up, they want to roll down your cheeks as gravity would have it be, but can't quite summon the energy to fall. There is no future – it is impossible mentally, emotionally or physically to feel, see, or think of things one minute hence.

It was a dream a few nights previously that triggered a painful memory. Like an avalanche, it pounds you and the bruising stays with you for days. You might encounter others during the day, try to write or work, drink coffee, wish for an adrenalin rush from a run along the river early in the morning, but as soon as your mind and spirit is able, it reverts back to the pain of the avalanche. Almost like your screensaver on your laptop – it's always there, sometimes hiding, but ready to leap out in front of you.

But isn't the medication meant to free you from the pain? The cocktail

of pills, tailored as your doctors say, for your illness. You have been a good patient – not skipping the dosage, coming off the white tablets and then jumping back on the dosage when you need it. Well, you rationalise, imagine the pain you would be in if the medication wasn't there? You are not wanting to end it all, are you? It will get better, won't it? It always does, others tell you.

Your behaviour becomes erratic and compulsive. The dream has sent you spiralling into a space that seems fraught and dangerous. An emotional jungle, with impenetrable undergrowth, has you lost and lashing out, screaming for directions to help you find your way to a serene beach, but there is no one hearing you.

The nights are worst. The voices become whispers, the activity is done for the day, and the time for rumination begins – you can set your watch by it. When the depressive episode is raging, the nocturnal hours are hell on earth. This is the time for paranoia and obsessing; for regrets; and for when merely crying over spilt milk takes on a

significance that is distorted beyond the boundaries of reason.

And you know you are in trouble when the next morning, the Saturday, you wonder should you go to hospital. Close the door on the world and retreat to couches, white coats and the 4pm medication-dispensing queue. It's not like a heart attack – you know then there is no choice but to get to the emergency department on the double.

No, with a depressive episode you can mull it over. If you go to hospital, will it make the pain go away? How far from the edge are you? When you rummaged through the medical cupboard last night and checked what dosage of a painkiller is needed to do some serious harm, you put the packet back on the shelf, so you know you can stay put and get through it.

Instead you ring friends. You lean on them and hope they will not turn the other way. They don't on this occasion. They let you talk at all hours. You feel like the eccentric Canadian pianist Glenn Gould, who made a habit of breaking into his friends' nocturnal hours by calling and subjecting them to a rambling discourse about whatever was on his

fertile mind at the time.

The pain will go away of course, eventually. Perhaps a roller-coaster high is just around the corner, the flipside of this condition they call bipolar depression? When you are riding the high, the anxiety rages but the invincibility you feel masks it for a while, and lets you get on with working manically, or conversing on 10 topics at once, as your mind skips and races and tells you that you really are different.

The journey through a depressive episode does have an end point, for most of us anyway. All tunnels have light at the end of them. All holes have a bottom. The black dog has been banished for now!

More than a decade ago now, Andrew Solomon wrote about his battles with depression in a famous article in *The New Yorker*. Sullivan wrote the opposite of depression is not happiness but vitality.

Just being able to get out of bed and see that the sky is blue, and not grey, equals vitality.

**Greg Barns is a Tasmanian based writer and political commentator who has previously advised Australian governments on policy.*

What makes industry super different?

HESTA Super Fund is your health and community services industry fund. With more than 650,000 members, 60,000 employers and around \$13 billion in assets, HESTA's size delivers a number of benefits to members. These include the ability to take your account with you when you change jobs, quality education and advice about super, with fees among the lowest in the industry.

We also offer access to a range of extra services such as commission-free financial planning, low-cost banking products and competitive death and disability insurance.

Recent share market volatility has brought industry super funds like HESTA into the spotlight. Why? Because of our strong long-term performance and competitive fee structure.

Let's see what makes industry super funds like HESTA different.

Industry funds focus on members, not shareholders.

HESTA, like other industry funds, was set up to serve its members. HESTA has no shareholders

— only members. We focus all our efforts on providing our members with the best possible value and quality of service.

Industry funds have low fees.

Industry super funds are generally renowned for having lower fees than retail funds. HESTA works to keep fees as low as possible, while ensuring we can provide all the features and service that members expect. In fact, we don't charge many of the fees that other funds have in place. Compare our fees (which are listed at www.hesta.com.au) with those of retail funds, and you'll be surprised how much you're saving.

We don't pay commissions.

Many funds pay commissions to financial advisors and sales agents who sign up new customers on their behalf. Not only do they pay a commission on the sale, but many also pay "trailing" commissions while that account remains with the fund. HESTA pays absolutely no commissions at any stage of the process. We prefer to keep the money in members' accounts, to help them build their

superannuation savings to achieve the retirement lifestyle they deserve.

Quality insurance for members.

Your ability to earn is your greatest asset, but few of us have the time to arrange insurance that will help support our loved ones if we suffer injury or illness, or die. Your HESTA membership comes with access to quality death and income protection cover, with premiums paid straight out of your account. By joining HESTA, eligible members automatically gain great basic cover and have the option to apply for additional cover to meet their specific needs.

HESTA proudly supports the industry it serves.

HESTA is your health and community services industry fund. The HESTA Australian Nursing Awards and the Aged and Community Services Australia National Awards for Excellence are just some of the industry events HESTA actively supports. We strive to understand and support the workplaces and people who are employed in this challenging and rewarding field.

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Healthscope

A Healthscope Publication

thePulse READERSHIP SURVEY

This is the 4th and final 2009 edition of *The Pulse* and we would like your views about what you think of the content, its 'readability' and what should or should not be included. The magazine is distributed to Healthscope establishments, politicians, business and specialist journalists. Please let us know what you think by emailing your suggestions to *The Pulse* at: thepulse@healthscope.com.au

Your views are important to us and we look forward to your feedback.

"BRAVE MOVE TO TALK ABOUT DEPRESSION"

A senior psychiatrist at The Victoria Clinic, Dr Keryn Fitzpatrick said the article on depression from author Greg Barns is a brave move, especially in a society where men rarely speak out about this mental illness.

"I thought the article was excellent, it was believable, descriptive and was very much about somebody who suffers from bipolar disorder and he described extremely well the stage of depression that he had been through.

"It is very brave because, it's one thing for all of us to talk about depression and how wide spread it is, but to personally own up to suffering from depression I think is still really quite brave in this day and age.

"I think men have a lot more difficulty talking about their emotions and certainly when they are depressed, it's still probably a cultural thing, they feel they should be strong, they shouldn't cry and shouldn't admit to having 'weaker' emotions.

"It's because of all of these reasons men are more likely to look at other ways of dealing with depression through substances or alcohol," she said.

Dr Fitzpatrick said however that the 'norms' are changing prompted by more discussion in the media about depression and their widespread effects.

"It's being talked about in various forums and beyond blue has certainly done a lot of work in making it a much more acceptable condition," Dr Fitzpatrick said.

However despite this trend, Dr Fitzpatrick said the majority of her patients at The Victoria Clinic are women.

"Twenty years ago, I would have been seeing ninety percent women, but now it's probably more like 60-40.

"I find that young people certainly find it easier to talk about depression and I think that's to do with changing perceptions of the illness.

"Nowadays people talk about it, rather than being a death sentence, something that can be treated like the cold or flu," Dr Fitzpatrick said.

Dr Keryn Fitzpatrick



A NEW KIND OF RACE FOR JACK BRABHAM

Motor racing legend, Sir Jack Brabham is a three-time Formula One Drivers Champion; he notched up 14 Grand Prix wins and was the only driver in Formula One history to win the championship in a car of his own construction.

Among his many other accolades, he was the first driver in history to be knighted for his services to motor racing.

And despite all of the highlights, Sir Jack is quick to select his best win.

“The best win was in 1966 when we downed the Ferrari Team with an Australian car and an Australian made engine which was the pinnacle of my career,” he said.

Despite the emphasis on seat belts these days both in and outside the sport, remarkably, they were never used when Sir Jack started his career.

“We didn’t have seat belts when we started off although I did have seven years on the speedway and we certainly had seatbelts there but it wasn’t until about ‘63 or ‘64 that

seat belts became mandatory in road racing.

“It certainly was dangerous although I did have a crash in 1959 that if I had had a seat belt I wouldn’t have been here to tell you about it.

“I hit a telegraph base, knocked it over and fell out while the car ricocheted off that back onto the track, it hit the ground upside down before rolling down the track destroying itself,” he said.



Sir Jack and Lady Margaret Brabham

Now Sir Jack, who has kidney disease, and his wife Lady Margaret are running another race to make many more Australians aware of the life threatening dangers of kidney disease as patrons of Kidney Health Australia.

Sir Jack told The Pulse that his mother died from kidney disease and he was warned at the time it could be passed on to him.

“I see and he receives dialysis

treatment through the Allamanda Private Hospital on the Gold Coast three times a week.

“Kidney Health Australia is a wonderful organisation and they are striving to get the message across to warn people about kidney disease.

“It’s something that every body should be conscious of and have check ups regularly because it can sneak in without you knowing before it’s too late,” Sir Jack said.

Lady Margaret Brabham is equally as passionate about spreading the word about kidney disease.

“We are very honoured to be asked to be patrons of Kidney Health Australia and certainly nowhere near enough people know about this disease which is a silent killer.

“People need to be tested and have a blood test, be tested because you don’t know you’ve got it, it creeps up on you and by the time you know you’ve got it it’s a bit late,” she said.

Lady Margaret said while carers are vital in the care of people with kidney disease, they and carers of people generally don’t receive nearly

enough support.

“They get no breaks, no help, something has got to be done and the federal government must offer more assistance, it’s heartbreaking,” she said.

Kidney specialist at Allamanda Private Hospital, Dr Alan Parnham agreed that the general public needs to be better educated about kidney disease and its dangers.

“Kidney disease is really common and if you have kidney disease it markedly increases your risk of heart attack and stroke.

“It’s like blood pressure, you have no symptoms of kidney disease until you get down to kidney function of about twenty percent.

“Then you start to feel nauseated, tired and lethargic and by that time it’s often too late to fix it.

“Not only can it kill from renal disease, it can make it up to ten, twenty percent more likely to die from heart disease or stroke,” Dr Parnham said.

CAMPBELLTOWN PRIVATE OFFICIALLY OPENED

Healthcare has finally been significantly strengthened in Sydney's southwest following the opening of significant extensions at Campbelltown Private Hospital recently.

The hospital opened in April 2007 with four theatres and 45 beds including 12 rehabilitation beds.

Now, following increasing public demand, it has 92 beds, six theatres and 15 day surgical chairs.

General Manager Christine Profitt



said the demand for increased rehabilitation facilities has seen the almost tripling of the number of beds in that area to 34.

Healthscope Chairman Linda Nicholls, who officially opened the hospital, said the hospital's growth had exceeded expectations.

Ms Nicholls has also officially opened the new Norwest Private Hospital in the Sydney suburb of Bella Vista.

Full coverage of that event in the Summer edition of *The Pulse*.

Here is an edited version of Healthscope Chairman Linda Nicholls' speech at the opening of Campbelltown Private Hospital

Campbelltown Private Hospital is special. Special because this is the first hospital we've developed starting with a block of land and a dream. The first stage with four theatres, 45 overnight and 15-day surgery beds opened in April 2007 and was greeted with enthusiasm.

In fact so much enthusiasm the development and construction of Stage 2 was accelerated to meet patient and clinician demand. In May this year we commissioned an additional two theatres, a purpose built day surgery unit and 47 new beds.

Campbelltown Private Hospital now comprises 32 surgical overnight beds, 34 rehabilitation overnight beds, 26 mental health beds and 15 day beds. Your hospital provides the community of Campbelltown access to a broad range of services and employment for 175 people.

Campbelltown Hospital's growth has exceeded expectations and that

success is directly attributable to the commitment and quality of the doctors, nurses and staff who work here. Since your hospital opened in 2007, we at Healthscope have come to appreciate both the needs and expectations of your community and the clinical strength of your work. Thank you.

No development of this scale and scope happens without leadership and a big team of people. Today I'd like to congratulate the team on a job well done and acknowledge two leaders without whose dedication and effort we would not be here today.

Of course, I'm speaking of Campbelltown's General Manger, Christine Profitt, and respected surgeon and Chairman of the Medical Advisory Committee, Dr Stephen Fulham. Without leaders like you, visions like Campbelltown don't become reality. To the whole team and to you, its leaders, I'd like to offer the Board's appreciation and thanks for a job well done.

I've been impressed with the facilities I've seen today and the

people I've met. You set a high standard and I encourage you to keep up the good work. Going forward we are committed to working with you to deliver improved efficiency and effectiveness.

Before I became Chairman of Healthscope I was Chairman of Australia Post. The post office is a government owned business that taught me a big lesson—a good business makes the numbers and lives the values. You don't get to do one or the other—you have to do both.

In sport we don't respect the winning athlete that's revealed as a drug cheat; in charities we don't respect the organisation that has a noble mission but squanders our donations; at Healthscope we don't put profits before patients or commerce before quality. Quality is a value on which we can't compromise because quality is our license to operate.

Quality means on time and on budget. Quality means uncompromising clinical standards and practices; quality means



Linda Nicholls

managing and meeting patient expectations; and quality means a safe workplace for all employees.

At Healthscope we take pride in making the

numbers AND living the values; we take pride in quality performance. I think you do too. You have demonstrated that you can live the values of clinical quality and patient care and make the numbers for an efficient business.

We share your values and respect your dedication. That we have shared values is important. To me shared values are a vital underpinning of a good business relationship and an essential foundation to delivering community service. Because we share the value of quality, I am confident that working together we will continue to deliver a superior outcome for the community of Campbelltown.

A BUSY YEAR IN HEALTH

BY NICOLA ROXON



Minister for Health and
Ageing Nicola Roxon

The Rudd Government has made it a top priority to fix our ailing health system and equip it for 21st century challenges.

After an extensive inquiry, and a six month public consultation, there will be a special meeting of the Council of Australian Governments on health and hospitals reform in December. Early in the new year, the Government will present its final reform plan.

Parallel to developing this huge reform program, the Government has made immediate improvements in the access, equity and effectiveness of our health system.

The new federal-state agreement on health and hospital funding provides \$64 billion – 50 per cent more than the last Health Care Agreements – and introduces new accountability.

Through COAG, we have signed historic National Partnership Agreements – with a total of \$1.6 billion for Indigenous health and \$872 million for preventative health. We have introduced legislation to establish Australia's first National Preventative Health Agency, with \$133 million in funding over four years.

Our \$600 million elective surgery plan delivered an extra 41,500 procedures to overdue patients and will permanently cut waiting times. We also provided \$750 million to immediately ease the pressure on emergency departments, and provided an annual dental check for teenagers.

We are investing \$1.1 billion in training more doctors, nurses and other health professionals, and have reformed the incentive scheme to draw more doctors to rural and remote areas. We have introduced legislation to reform maternity services and to allow highly trained nurse practitioners to access Medicare.

With local communities, we are developing 35 GP Super Clinics in under-serviced locations.

We have committed an unprecedented \$2 billion to build a world-class cancer care system in Australia, and have set up a world-leading organ donation scheme.

2009 has been a busy year for the Government in health and 2010 is shaping up to be the same. I'd like to take this opportunity to wish readers of *The Pulse* a happy and fulfilling festive season and new year.

LEARNING A LESSON ONLINE

Healthscope has partnered with one of Australia's leading online learning and compliance system providers to introduce a leading edge internet-based learning system to staff across all divisions of the business.

Staged implementation of the eLearning Centre began at pilot hospital sites in early August and has continued apace, with all hospitals, medical centres and pathology sites nationally, now registered and progressing with implementation.

National Human Resources Manager Maree Feery said this initiative which is part of the Healthscope's learning and capability development plan provides increased access for staff to contemporary online training, learning and development opportunities and is also a response to feedback from staff.

"After an internal learning needs analysis identified the need for the provision of a broader range of learning and training for employees, we sought out something that would fit well with both the culture and the structure of the company.

"With Healthscope working across so many business channels, it was

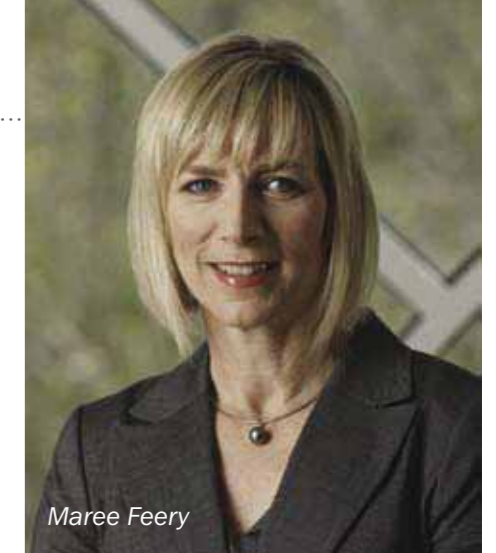
essential that our online learning education partner could meet our need for courses across those various divisions.

"Learning Seat was able to provide us with courses across a huge range of areas, ranging from compliance, technical industry specific, IT and computing applications, project management, professional development, management and business.

"In the near future, there will also be Healthscope customised courses specifically tailored to our business and the needs of our employees across subjects including corporate orientation, customer service and mandatory clinical competencies," she said.

National Clinical Development Facilitator Fiona Langley said that she had seen a positive response from educators and staff alike.

"One of the main reasons the new program has been received so well is its flexibility; it's web-based so you can login to your personal account and train at any time from any location, whether it's your workplace, your home or somewhere else entirely.



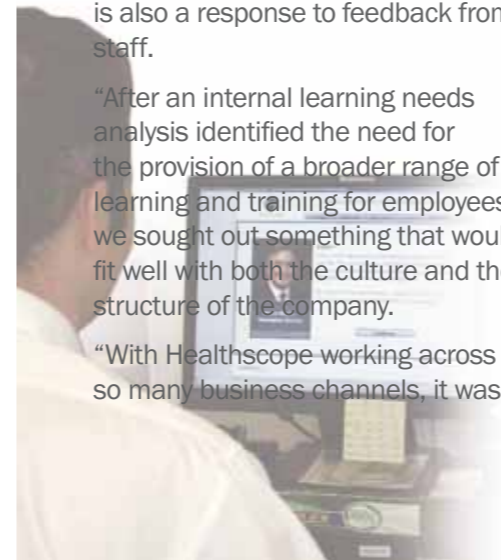
Maree Feery

"It's self-paced so there's no pressure to 'keep up' and you can stop and start your online training courses at your convenience and refresh your learning as often as you like," she said.

Ms Feery said that as the program's implementation progressed, it would bring benefits to staff and company alike.

"The eLearning Centre is promoting e-enabled employee development, improving access to learning and development and enhancing the capability of our people, and at the same time it's also reducing risks and costs for the company.

"Healthscope is one of the first large health care providers to implement such a comprehensive online learning management system so this is a very exciting new initiative," she said.



NEW SOFTWARE STREAMLINES HOSPITAL OPERATIONS

Comprehensive upgrades to hospital patient management software have seen welcome improvements across a range of operational areas, including the management of theatre and emergency departments.

The two-year National webPAS project is in its implementation phase across 41 hospitals nationally with 18 hospitals already on the new system.

The most welcome features include improvements to Casemix, and a range of improvements for hospital Theatre and Emergency Departments.

IT Senior Project Manager & Project Director webPAS, Nathan Way has been at the coalface since its inception and has seen the difference the changes make at a site level.

“The success of the eighteen hospitals implemented on the system so far is largely due to the high level of commitment from the hospital staff and the project team who have been excellent to work with.



L to R: WebPAS Project Director Nathan Way with Mark Coupland, Vivian Niteros, Dean Alex, Jenny Toohey and Knox Private Hospital General Manager Jenny Kent

“Where webPAS differs from the legacy PAS systems, it has what is called a ‘real time environment’ which reduces the amount of double handling of data and allows admin/clinicians to enter statistical, billing and diagnostic information directly into the system, as opposed to hand writing it and then having someone else enter it into the PAS system.

“WebPAS is very intuitive; instead of having to enter the Theatre start

and end times, which is required for Billing, KPIs and other statistical information; all they have to do is click on a timestamp so they don’t even have to type anything,” he said.

Nathan Way said that recommendations from Emergency Department (ED) clinicians, instigated by Knox Clinical Operations Manager Robyn English, had also yielded some exciting developments, including a real time

Emergency Department Map View.

“The Emergency Map View development allows a visual representation of the ED and has a real benefit in providing better management of the ED to reduce the number of ‘bypasses’ that occur.

“By having the map, we also determined that we could include extra information that would be meaningful to the clinicians such as vital clinical information about patients.

“Knox was actually the first site to go live with an ED department and to try the module, so Leanne Meade, Robyn English and Jenny Toohey put a lot of effort into ensuring it delivered value to the operations.

“Similarly, the Theatre schedule provides a graphical view/schedule of patients as they flow through the Theatre from Holding Bay, Operating Room and Recovery allowing better co-ordination of work flows.

“Another key feature of the real time environment includes the Ward View which provides a graphical representation of each Ward including information such as patient condition, diagnosis, doctor, diet, etc.,” he said.

Senior Process Analyst for Victoria, Jenny Toohey said that Medical Records was another area enjoying the significant product and process improvements that WebPAS enables.

“Some hospitals had very basic Access database-type environments that tracked medical record locations and others that I’ve worked at tracked records using a manual process.

“Medical Records has now got a lot of swish things in it; with webPAS, all of the medical records have a barcode label put on them and they’re just scanned in and out of Medical Records just like a library environment.

“By December 2009 we will be half way home and the project team is excited about continuing the rollout and seeing the benefits WebPAS delivers for our Hospitals,” she said.

WOMEN AT RISK FACE NEW BREAST CANCER DECISIONS

On her 28th birthday, Australian author Sarah Darmody received an extraordinary gift: she was diagnosed with the BRCA genetic mutation, which predisposes women to breast and ovarian cancer.

A year later, she had her healthy breasts removed, undergoing a 'prophylactic mastectomy', a process that inspired her book about women and their breasts *Thanks for the Mammaries*.

While preventative surgery may seem like a radical move, General Surgeon at the Allamanda Private Hospital in Queensland, Dr Geoff Miller said that mastectomies account for between 10 and 20 per cent of breast surgery.

He said that mastectomy is still indicated for various reasons, including: large breast tumours (greater than 3cm), multifocal breast cancer, recurrent breast cancer, inflammatory cancer and the aforementioned prophylactic mastectomy.

"Women undergoing prophylactic mastectomy usually have reason for the procedure such as breast cancer genes or strong family history.

"Due to increased sources of knowledge, patients who undergo mastectomy frequently ask for breast reconstruction; this is usually provided via a multi-disciplinary team comprising a breast and a reconstructive surgeon.

"Most breast surgery is breast conserving and reconstruction is achieved using oncoplastic flaps fashioned from remaining breast tissue to fill defects and recreate normal breast contours.

"Over the past 10 years, surgery has been divided into sub specialties due to the increased knowledge and skill needed to manage new complex situations," he said.

Women undergoing mastectomies and reconstructive surgery are faced with many decisions and are forced to contemplate their breasts in terms they would never previously have dreamed of – timing, methodology, implant type and even nipples are all issues requiring examination.



Sarah Darmody, photograph by James Greer

Dr Miller said that reconstruction could be immediate or delayed, and that the timing of a reconstruction usually depended on the nature of the cancer removed.

"The principle which governs the timing of reconstruction is that the patients cancer should be "totally" treated at the time of the procedure.

"Consequently patients with high risk cancers or extensive disease who usually require other therapy such as chemotherapy or radiotherapy are usually recommended to have delayed treatment.

"Immediate reconstruction is offered to women with extensive non invasive breast cancer (Ductal Carcinoma Insitu) or women undergoing prophylactic mastectomy," he said.

He said that breast reconstruction could be done with implants or tissue reconstruction using 'flaps' from the back or the stomach, with each method having its own pros and cons.

"Implant reconstruction requires the insertion of an expander behind pectoralis major muscle.

"It is injected with fluid and expanded to the preferred size and approximately two months later, the expander is removed and a suitable implant inserted. These generally consist of a silicon compound in a composite gel.

"At the time of implant insertion the patients' other breast is adjusted to match the reconstructed breast; this takes the form of a lift/reduction

(mastopexy) or an augment with an implant.

"Some patients have tissue reconstruction using pedicles or free flap reconstruction, but these patients usually have had radiotherapy and are unsuitable for expander due to tissue damage.

"Implant surgery is quickest but has a higher complication rate than flap repair, which is particularly relevant to post operative infection," he said.

The doctor said that nipple sparing reconstruction was controversial, because there were great benefits but also potential dangers to patients' health.

"The patients' own nipple does give the best reconstructed appearance, but the nipple is part of the breast duct system and has potential for cancer formation.

"Some surgeons are adopting this practice if the patients' cancer is well clear of the nipple, but the long term results will have to be carefully evaluated before this becomes recommended practice.

Dr Miller said that while breast reconstruction following mastectomy was important for women's emotional wellbeing, the treatment

of the cancer was paramount.

"Cancer principles must be adhered to strictly; the reconstruction should never compromise the treatment of the disease," he said.

Sarah Darmody's book *Thanks for the Mammaries* is now in bookstores. All royalties from sales of the book go to the National Breast Cancer Foundation for research into the prevention, detection and treatment of breast cancer.



CARING FOR FOUR-LEGGED FAMILY MEMBERS AT CHRISTMAS

The Festive Season brings two big issues for pet owners: the acquisition of new pets and the perils of caring for pets through celebrations and holidays.

Dr Charles Foster, a veterinarian at Fitzroy Vet Hospital, in Melbourne's inner north, has shared some advice on these matters with *The Pulse*.

He said that the key to making a good choice when selecting a new pet was making sure it is a good fit with the owner.

"Try to get a pet where you're going to have a good fit; if you don't want to groom a dog all the time, don't get a long-haired dog, no matter how cute they look, and if you don't want to ride a bike or walk 20 kilometres a day, don't get a dog that requires 20 kilometres of exercise a day.

"When you're adopting it's hard because it's so emotional, but it pays to try and be a little bit rational and dispassionate, and also know what you're up for," he said.

As the adage goes, a pet is for life, not just for Christmas, and Dr Foster said that for the first few months, a new pet will need a lot of attention.

"Know what you're getting yourself into; in the first few months, especially in a young animal's

life, there's a bit to be done.

"There's a few vaccinations, there's some worming and flea control, dogs need to start on heartworm control, there's behaviour training and behaviour modification, so I'd recommend puppy pre-school and perhaps then going to an obedience class.

"In this first six months, it's so critical to have time to take care of their behavior because they're at children to adolescent stage and this is the time when they're going to learn, this is the time when they're going to socialise; you've got to have time now.

"Socialisation time is really important to we've got to really work hard on that because that is a phase they go through and then pass through, so that doesn't happen again, so you need to do that

otherwise you end up with a yappy little dog or a poorly socialised cat.

"Most unfortunate situations like euthanasias come from behaviour problems and I think probably a lot of pets that are dumped are also coming from behaviour problems.

"To avoid that, put some effort in early and you will be rewarded – it's like kids; if you put the effort in early, hopefully they'll get some good habits," he said.

And the similarities to children don't end there; Christmas and the celebratory meals that come with the season are ripe for problems with both.

"Usual Christmas problems are probably like the ones you have with kids: total over excitement and exhaustion - just way too much from being totally overstimulated.

"They're just smaller than us, but they get the same sort of problems like tummy problems and diarrhoea problems and that sort of thing; too much fat, too

much salt, too much chilli and spicy food – you're going to pay for it.

"This is a time when we tend to eat a little bit too much or too rich and most animals are on a reasonably steady regular diet and a big swing to something totally different can be quite an upset, sometimes bad enough that we'll need a little trip to the emergency centre.

"At Christmas there's all kinds of stuff going on, with lots of interesting things happening with presents, trees and all that sort of thing.

"Most cats will pull down the Christmas tree at some point in their career and there are all those nice things on Christmas trees too, and sometimes they get swallowed, which isn't that good for cats either.

"When it comes to Christmas presents for our animals, if you're giving them an edible present, you should make sure the paper is edible as well because sometimes they can't wait to unwrap it and they'll eat the whole present and some of those wrappings aren't real

good; they've got all kinds of nasty things in them that you don't want your dog to eat," he said.

In a final word of warning, Dr Foster cautioned pet owners not to leave things to the last minute because Vets are generally flat-out in the lead-up to Christmas.

"Vets are incredibly busy the week before Christmas, so if you've got elective stuff, perhaps do it the week before or the week after, but the week running into Christmas is crunch time and it can be hard to get into your local vet that week.

"So if you need vaccinations, there's no harm in doing it a couple of weeks earlier if you're heading off – just one less stress to deal with in Christmas week," he said.



DUTY OF CARE EXTENDS BEYOND THE PHYSICAL

When you think about hospital care, what comes to mind?

Most people would think of the medical personnel – doctors and nurses but their roles are complemented by a group of professionals who tend to another essential part of patients' wellbeing, their emotional needs.

These include Pastoral Care Co-ordinator Heather Dunning from Ringwood Private Hospital in Melbourne who

provides emotional and spiritual support to patients and their families under



greatly differing circumstances.

"I'd really developed a love for working with people who were in the acute medical scene, with acute illnesses and surgical procedures, but I also had a love of working with the palliative patients and you don't normally get the two together, but Ringwood Private was one of the very, very few hospitals that has both under the one roof," she said.

Situated in Melbourne's leafy outer eastern suburbs, Ringwood is a very Anglo Saxon area, but Ms Dunning said they have designed their spiritual and reflective areas to accommodate everyone.

"It's a Judeo-Christian area; it's dominated by people of the Christian faith and by people of no faith; we only very occasionally have people of other faiths, but we provide for them with a Reflections Room.

"Here we have, for instance, a copy of the Koran, some Jewish prayer books, and Islamic attire – items that each faiths have identified that they would like here for patients of their own religion.

"The Reflections Room is used a lot; there's a water feature in there, there's soft music playing, and we

leave tracts in there and cards with verses of encouragement.

"It really is a place where people can just go and reflect, to be filled and pray – whatever they choose for us to minister to them – and it gets used a lot by families as well as patients," she said.

It was a personal experience with palliative care that was a catalyst for Heather's calling to pastoral care and she is very mindful of the empathy required for her role.

"You always go there as a listening, caring presence – that is fundamental to the ministry – it's about understanding just where they are and working from there, so there are no presumptions on my part when I go in to see someone.

"One of the reasons I wanted to get into this field is because you're working with patients and families at a very, very profound time in their life where they are nearing the end of their earthly life and to be a part of such a sacred time is a privilege.

"People who have been given a short time to live face some issues that perhaps people who have an expectation of recovery are not addressing, and they often find it

a comfort to talk about their whole life and reflect at a time like that, which you don't necessarily find in people who are more acutely ill and expecting to recover.

"I don't think you can ask for anything more than they die at peace with themselves, with others and with God, for those who have a faith," she said.

As every case is unique and pastoral care is such a deeply personal service, Heather said she works closely with each patient to meet their pastoral needs.

"I like to follow the patient's agenda, so palliative patients can have particular issues that they want to discuss, sometimes they find it easier to talk to someone like myself or a nurse – someone other than family.

"Not every family is a happy family, and so there may be issues they might want to discuss about how they can be reconciled with others and have that peace and how they can also be at peace with God.

"It's very gratifying for all of us when you see someone who's had a struggle to accept where they're at, and then reach that point of being at

peace and then you see the change – they may be very sick, but you still see the peace and even a sense of joy in the midst of what's happening and a real sense of seeing God at work and it gives me a buzz – it never ceases to give me a buzz when that happens."

CHRISTMAS IN HOSPITAL

The Festive Season is an especially difficult time to be in hospital and according to Heather Dunning, it's not the time for someone in her role to take annual leave.

"Anyone coming into hospital I think has a certain sense of fear of the unknown and what's ahead of them, a sense of loss of control of what's happening to them.

"Then you add in a component like Christmas, when people are traditionally together as family and the person is taken out of that family

and separated from loved ones and put into that kind of situation and everything you might normally see is intensified, so it's a very difficult time for people to be in here.

"We have as few people as possible in here over Christmas, but there are some who are not able to go home at that time and there are always palliative patients – sickness, cancer, doesn't take a holiday at Christmas.

"For those patients, I find it a particularly demanding and busy time of the year; even though there

Heather Dunning

may be fewer patients, there's more demand in terms of providing emotional and spiritual support.

"There is a greater need for that as people deal with their illness or possible pending death in the context of Christmas which is normally a happy occasion for families to be together and to celebrate," she said.

Heather said that although some patients are unable to leave their rooms – or even their beds –

hospital staff and the community try to make sure everyone gets to enjoy some Christmas spirit.

"We endeavour to be more aware of people's needs at that time, I try and bless patients who are of Christian faith and try and take something to them in terms of a Christmas reading.

"Pre-Christmas, we have things like carols – we have a number of groups and staff who walk through

the wards singing carols, it's very well received.

"Right through December there might be three or four occasions when we have smallish groups come through and often those groups bring little gifts for patients – they might be a couple of chocolates wrapped up or something like that – so there are opportunities to bless people because it's Christmas," she said.



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INSTINCT TRUMPS BAD ADVICE IN BABY CARE

Australia may be in the grip of an enduring baby boom, and talking with Dr Howard Chilton, Neonatal Specialist at the Prince of Wales Private Hospital in Sydney, you get the idea that he wouldn't have it any other way.

In his book *Baby On Board*, he thoroughly debunks myths of early motherhood that range from the old wives' tales to the utterly ridiculous, and many of which he's gleaned from his own experiences with new parents.

"Did you know that if you wear a black bra, it discolours your milk – it's extraordinary?"

"I had a lady who was told during the pregnancy that if she raised her arms above shoulder level, the foetus would strangle on the umbilical cord.

"It just boggles the mind, because this was an intelligent woman, but she had all her shelves lowered," he said.

Mind-boggling aside, Dr Chilton said that research and experience has

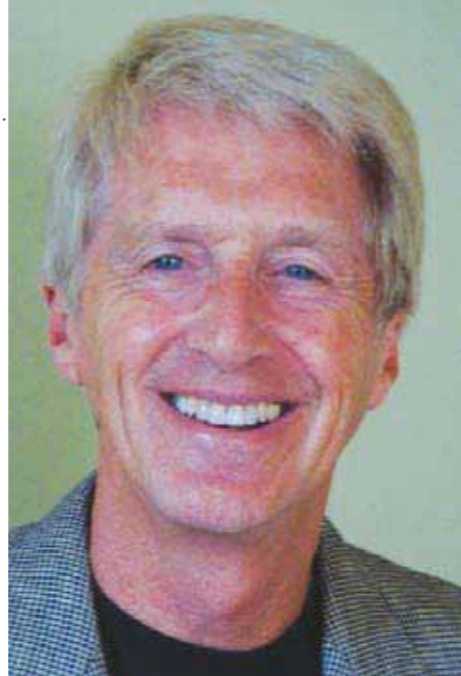
seen many changes to parenting in recent decades.

"The previous generation were brought up on that stuff: spoiling your baby and making a good soldier of the baby, making him tough by not agreeing to every request, making him sleep on his own, feed to a pattern and all that sort of stuff – they were the hallmarks of parenting in the 1950s and '60s and '70s for that matter.

"It's probably only changed since the '70s when Mary Ainsworth and John Bowlby started to be listened to and people started to realise that their instincts were actually quite useful things to work with and most mums wanted to cuddle their babies when they cried and it was only their mothers who prevented them doing it.

"I think that what happened over the next 30 years was an increasing appreciation of the instinctive abilities of parents to parent their babies.

"However, there is a major block to them and that is that everybody



Dr Howard Chilton

wants to help and everybody has an opinion.

"It's amazing how little information people need as a background in order to have very strong views about how to look after your baby and your children, and I think it's to do with the fact that if you've actually looked after one, you think you're an expert, because it is such a defining experience.

"It's certainly a peak experience for most people, so they really feel that their experience is exceedingly valuable for everyone else.

"It's very easy to say 'yes and I did it

this way and my son is an absolute delight,' and he may well be, but there's basic temperament and there's self-correcting development.

"Some people have got the right instincts and other people haven't; it may well be to do with the old expression 'you mother as you were mothered'.

"I think that nowadays we just have a lot of very fine information, which has all come together from many disciplines to tell us how to optimise a baby's management and how to help parents actually enjoy it without becoming hopelessly confused and guilty; guilt is an integral part of parenting – parents feel guilty about everything that doesn't go absolutely

ideally, and I think that we can help them with that," he said.

Born and raised in England, Dr Chilton unexpectedly found his calling to paediatrics by way of a one-term placement in Harari Hospital in Salisbury, Rhodesia (now Harare, Zimbabwe) in which he found himself instantly smitten with the preemie babies.

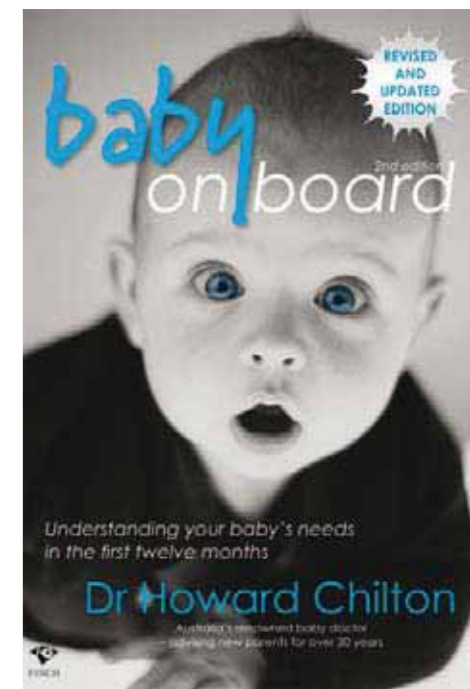
"Within three days of arriving there I was absolutely besotted with the patients.

"I literally didn't stop working the whole time I was there, but it was very, very satisfying and I recognised very soon on in that job that neonatology was absolutely for me – the babies were so attractive and cute and potentially in normal health, rather than the rest of medicine which is not like that," he said.

More than 30 years into his career as a neonatologist, Dr Chilton's passion for his subject endures.

"There must be nothing worse than having a job you don't care about; it's a privilege to be dealing with such powerful emotions and helping people in major crisis. "You really know why you get up in the morning," he said.

Baby On Board is available through Finch Publishing.



Chris Morgan, *Baby on Board*, 2nd edition

HEALTHSCOPE SNAPSHOTS...

More evidence has emerged of Healthscope head office staff's unhealthy obsession with AFL. The footy year may be over, but Neil Henderson is only now paying the cost of his misplaced pre-season cockiness.

Back in February, when talk was about that the Tigers would enjoy a much improved season, faithful (read: deluded) Richmond fan Neil Henderson foolishly bet National Manager of Pathology



Revenue and Swans fan Tim Corrigan, that the Tigers would best the former South Melbourne side.

When the result surprised no-one but Neil, he shocked Tim by honouring the bet in the most literal way: with a bottle of "Gentleman's Agreement" wine – an event Tim welcomed as "a bloody miracle!"

This group, no doubt also an honourable bunch, participated in Adelaide's City to Bay 12km 'fun walk', resplendent in their logo-ed t-shirts and giving out orange balloons to the spectators that lined the route.

More than 50 staff from Pathology in Wayville and regional areas took part in the walk, and then spent the afternoon relaxing on the lawns at Glenelg with a masseuse for tired muscles and a BBQ for hungry walkers.



Cupcakes and pupcakes were the order of the day at the RSPCA's Cupcake Day run by the Gribbles Veterinary Pathology team at the Clayton Lab in Melbourne.

The event raised more than \$500 for the RSPCA, and various 'cupcake creators' were recognised with awards, as judged by some in-house talent and special guest, Chief Veterinarian from the Burwood RSPCA, Dr Chris Thurgood.

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street talk...

I am sure, as you get older, the years go faster.

Well this has certainly been the case for me in 2009; we've been extremely busy successfully launching The Pulse magazine and look forward to the next twelve months as a challenging and professionally exciting one.

It's been a privilege meeting, and talking with so many interesting people who have made The Pulse news.

In February, Victoria experienced its worst ever bush fires in what is now being called Black Saturday (7th) with a horrific loss of life and property.

Northpark Private midwife Jenny Taylor and her family are looking forward to a much less hectic 2010 after losing their house and much of what they owned in the 2009 blaze near Broadford 60 kilometres north of Melbourne.

Jenny is one of the most positive and buoyant people I have met in my many years as a journalist and deserves to have a much better year ahead.

Tasmanian MP Paula Wriedt battled severe depression and to a lesser extent, the media, after resigning as a Minister in the Tasmanian Parliament this year.

After treatment at St Helen's Private Hospital, Paula says she feels a great sense of relief (after leaving politics) and life 'looks good again'.

Paul deGelder showed us all the true meaning of courage when the 32 year old Navy clearance diver lost a leg and part of his right arm to a shark in Sydney harbour.

He bounced back in remarkable time much to the relief of Mum, Pat from National Capital Private, to look forward to returning to his old job in the near future.

Lap Band surgery was also in the news with a House of Representatives Standing Committee on Health and Ageing calling for lap band surgery to be made available along with a number of other measures to fight ever increasing waistlines.

Surgeon Dr Roy Brancatisano from The Hills Private agrees that the Federal Government should do more to assist people requiring this kind of surgery, surgery that for many people is a last resort.

So with 2009 now coming to an end, we all look forward to a little time of R and R and to be able to face 2010 with renewed vigour and energy.

And to end this final column for the year on a positive note, a new study from researchers in Sweden has found evidence that people who eat chocolate have increased survival rates after a heart attack.

The observational study of over 1000 men and women came to the conclusion that many people who regularly eat chocolate, which contains flavonoid antioxidants that are believed to have beneficial cardiovascular effects, survive longer than those who don't.

But while the researchers said eating chocolate for a small snack to finish a meal was a good choice, it should be supplementing healthy eating and replacing less healthy snacks – spoil sports!

Have a great Christmas and New Year.



IN THE NEXT ISSUE OF *the Pulse*

WARNING ON SKIN
CANCER

SEVERE DEPRESSION
BREAKTHROUGH

NORWEST FOOD WRAP

THE CHANGING FACE OF
MEDICAL CENTRES

MEN IN DENIAL ON
CANCER

GROUND BREAKING
WORK ON LOW SELF
ESTEEM



Healthscope

Summer Raceday, Caulfield – 5th December 2009

A Day at the Cystic Fibrosis Victoria Summer Races – Caulfield 05th December 2009, 12pm

Come along for a day at the Races for anyone and everyone.

Thanks to the generous support of the Melbourne Racing Club, Cystic Fibrosis Victoria is able to offer a FREE day of fun and entertainment for all our members. For non members please feel free to come along as a normal punter and enjoy the days' festivities.

Get out the picnic rug and have a day of fun!

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Being the CFV Summer race Day there'll be a lot to keep everyone entertained, including free rides and entertainment for children.

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