

the Pulse

PRIVATE HEALTH MAGAZINE

A Healthscope Publication

Spring 2009

In this issue

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JEFF KENNETT ON DEPRESSION

LAP BAND SURGERY BREAKTHROUGH

VITAL CANCER TRIALS GIVE ASSURANCE

BRUCE DIXON ON WAITING LISTS

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IN THIS ISSUE OF
thePulse

MIDWIVES CONTROVERSY



FOOTBALL INJURY
CLINIC



JEFF KENNETT
ON DEPRESSION



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The Pulse is a seasonal Healthscope publication. © Healthscope 2009

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Design and art direction by Utility Creative, Melbourne.

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MIDWIVES CONTROVERSY

Home births have again come under the spotlight following comments from a NSW Coroner after the death of a baby delivered at home.

Byron Bay Coroner Thomas Reimer found the death of the baby Jasper Kosch-Coyne was probably caused by the umbilical cord being wrapped tightly around his neck and by his inhaling of meconium during the difficult homebirth.

The baby died on the way to the hospital following the birth.

Mr Reimer said the midwife in attendance was not responsible for the death but rather from a number of 'shortcomings' in the lead up to the delivery.

In making his judgement, Mr Reimer commented on planned federal legislation which would make home births unlawful unless the midwife was fully covered for professional negligence which he said could drive the practice of home birthing underground which could be a dangerous outcome.

The new President of the Australian

Medical Association, Dr Andrew Pesce told *The Pulse* he has no doubt home birthing significantly increases the risk to both mother and child.

"The Australian evidence over many years has shown there is a three times higher risk of that baby dying if you plan a home birth compared to planning a hospital birth and most women if given that evidence would not think that is a good idea," Dr Pesce said.

While that debate continues, Dr Pesce points to a study in the *Medical Journal of Australia* which concluded that there was a statistically significant decrease in the risk of a newborn baby dying in a private facility despite increased intervention rates.

"That doesn't test the theory that intervention differences in the systems are responsible for that but it does raise the question that maybe this intervention if properly applied is actually improving outcomes," Dr Pesce said.

And Dr Pesce believes criticism of private obstetric care has been unfair with philosophical arguments given rather than any real evidence.

At the same time, the Secretary of

the NSW Midwives Association, Dr Hannah Dahlen has refuted alleged comments in which she was reported as suggesting that private hospitals aren't interested in best practice in midwifery but in saving money.

In an article in the *Sydney Sunday Telegraph*, Dr Dahlen was also quoted as not being in favour of programs where new mothers are transferred to top quality hotels, under the care of a midwife for a rest after giving birth in a private hospital.

That service has been widely applauded by women who have used it at hospitals in many Australian cities including The Prince of Wales Private in Sydney and The Ashford Hospital in Adelaide.

However Dr Dahlen claims those reported comments were a media beat up and rejected suggestions that the Association's reputation has been damaged by her 'misquotes'.

"The media tends to twist and change things to have one person for and have one person against and if you sometimes get chosen to be the person against they pick out what they need to create that story and that's an unfortunate part of the media" she said.



Dr Hannah Dahlen

However the journalist who wrote the article, Sharon Labi told *The Pulse* she stood by her story and said Dr Dahlen was not misquoted.

She said she had a full record of the interview and the quotes from Dr Dahlen used in the *Sunday Telegraph* were an accurate portrayal of that interview.

The Nurse Unit Manager in Women's & Children's Health at The Hills Private Hospital in Sydney, Ann

Perrone said that women have the right to choose their own type of Maternity care, whether it is public or private.

"It is not helpful for administrators to criticise either form, private obstetrics offers women and their babies excellent care and is a valid option for women who want continuity of caregiver, a high quality birth experience and private hospital facilities. (Continued next page)

MUCH NEEDED REST SAYS MUM

The mother of three boys, Christine Godby jumped at the chance of a break before returning to, in her words, the 'chaos' at home.

With her parents-in-law caring for four year-old Joshua and two year-old Archie, Christine and husband Ian became part of the *Little Luxuries* program with a two-night stay at the Coogee Crowne Plaza after she gave birth to her third son Hugh at the nearby Prince of Wales Private.

"It was wonderful, we couldn't believe we had been offered something like this, I really didn't expect to have such a sensational room, a corner suite, overlooking the pool and Coogee Beach, it really felt

like we were going on a holiday.

"It was wonderful having the midwives there knowing that expert help was really close at hand but at the same time they gave us some space and didn't intrude in any respect.

"For me it was fantastic, it gave me some reprieve, some relaxation time before I went home to the chaos of three children," she said.

Christine said for husband Ian, it was more than just a break away from the routine at home.

"He loved it and it was all the better because the South African Bulls rugby team and the Broncos were

staying at the hotel and he's a mad rugby footie fan so he enjoyed rubbing shoulders with the players in the foyer, he kept wanting excuses to go down into the lobby" she said.



Christine and Hugh

MIDWIVES CONTROVERSY

“If you read the Medical Journal article, the research there suggests that the private system has very good outcomes for mothers and babies, and in my experience, that is correct,” she said.

The Prince of Wales Private at Randwick in Sydney has been offering women the option of a hospital stay soon after giving birth since September last year.

Director of Nursing Allison Carr said

the Little Luxuries program at the hospital has seen more than 400 women take up what she describes as a safe and enjoyable experience.

She said the experience has been an extremely positive one for new mothers.

“Our focus for our midwives in this program has always been to ensure that new mothers and their family are ready for the transition to home and they have both parenting and

breastfeeding skills in place.

“Our program is the first of its type in New South Wales and I understand other hospitals are considering the benefits it offers,” she said.

Meanwhile Dr Dahlen has joined a general chorus of opinion, including Dr Pesce who believes that women should make the choice of obstetric care.

“The best practice is whatever the women chooses and the best way to construct a responsive care system is to ensure that we have a range of models that women can access the model which fits them best”, she said.

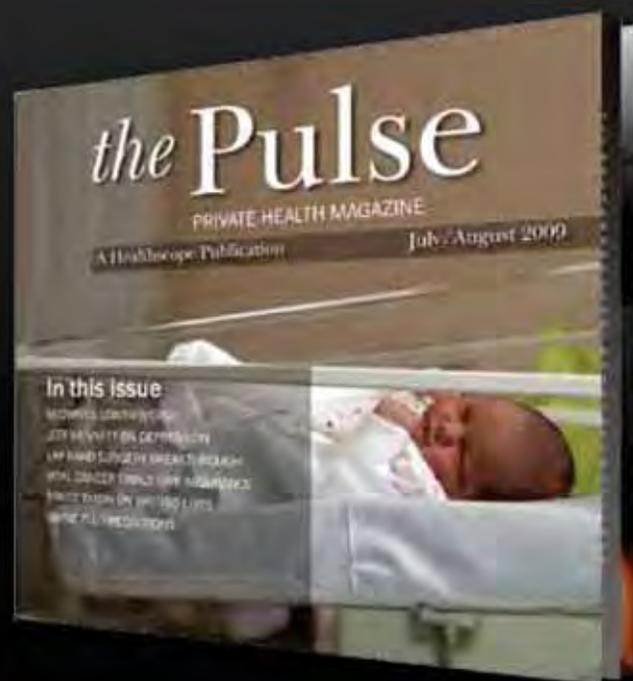
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CALL FOR LAP BAND SURGERY TO FIGHT EXCESS WEIGHT

In the face of statistics which show that Australia is becoming a fatter country, the Federal Government is considering a parliamentary committee recommendation that lap band surgery be made available to the very overweight.

The House of Representatives Standing Committee on Health and Ageing wants lap band surgery made available along with a number of other measures to fight ever expanding waist lines.

These include tax breaks for healthy food and gym memberships and a requirement that junk food manufacturers be required to make their recipes healthier or be forced to do so through regulation.

Committee Chairman, Steve



Steve Georganas checks his own health

Georganas said savings to the health system would offset the extra cost of lap band surgery.

“The cost is about \$10,000 for each case but that far outweighs the costs that are incurred if nothing is done.

“We took evidence from people who have had lap band surgery, people who were morbidly obese who have developed a whole range of other illnesses and diseases because of their obesity and who are taking enormous amounts of medication for illnesses caused by their obesity.

“Evidence suggested that immediately after the surgery their health improved dramatically and the cost to health services, including medication dropped dramatically as well which means in the long run there was an actual saving for the government apart from the benefit and well being of that person,” he said.

However Mr Georganas said lap band surgery is not an easy fix.

“We are talking about people who are morbidly obese, who have done absolutely everything to lose weight and have a grim future in front of

them, they would get even sicker than they are or are facing death” he said.

Leading lap band surgeon at The Hills Private Hospital in Sydney, Dr Roy Brancatisano agrees that the Federal Government should do more to assist people requiring this kind of surgery.

“This is a major public health issue with a financial impact on the Federal Government of around \$3.4billion in recurring costs from obesity related chronic disease.

“That includes diabetes, the fastest growing disease in Australia with 100,000 new cases diagnosed each year which costs the Federal Government \$10,000 per



Dr Roy Brancatisano

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diabetic patient for the rest of that patient's life."

"Compare that to figures from a recent study which revealed that gastric banding cures about 73% of patients of diabetes within twelve months of the procedure.

"So if the Federal Government was to subsidise gastric banding surgery, they would save \$10,000 per patient

per annum and of course save many, many lives," Dr Brancatisano said.

Dr Brancatisano believes more than four thousand Australian lives can be saved over the next decade through surgical solutions by the very obese to lose weight, improve their health and avoid premature death.

He said obesity is a complex problem with no simple answers but in the

majority of cases, laparoscopic gastric banding does help.

"The evidence in numerous studies now show that gastric banding, in conjunction with a team approach of support and after care leads to substantial weight loss and patients can expect to lose up to 60 per cent of their excess weight over a period of 18 months to two years.

"With that weight loss they achieve substantial health benefits including a significant reduction in Type Two Diabetes, we're seeing patients come off their high blood pressure medications, in fact most of the obesity related chronic diseases are significantly improved with gastric banding surgery" he said.



Lap band surgery – saving many lives



SURVIVING THE UNSURVIVABLE

For many people the tragedy that Ingrid Poulsen has experienced in her life so far would be insurmountable.

Her ex-husband murdered her two children aged four and 20 months and her father in 2003 after a continuing marital dispute.

He also killed himself in a final tragic act.

Very few people would find the strength to come back from that but Ingrid not only survived physically and emotionally but also set up a company called *Building Resilience* to help others cope with a similar circumstance.

She addresses conferences, giving delegates an insight into how she came back from such a life-shattering situation.

“My ability to survive took me by surprise, I found I was surviving anyway, every morning I was getting up and I was still doing average things you

do each day.

“I found this really fascinating, I asked myself how was this possible, my body was still functioning so I decided to engage in this process and that’s really where I gathered the strength from.

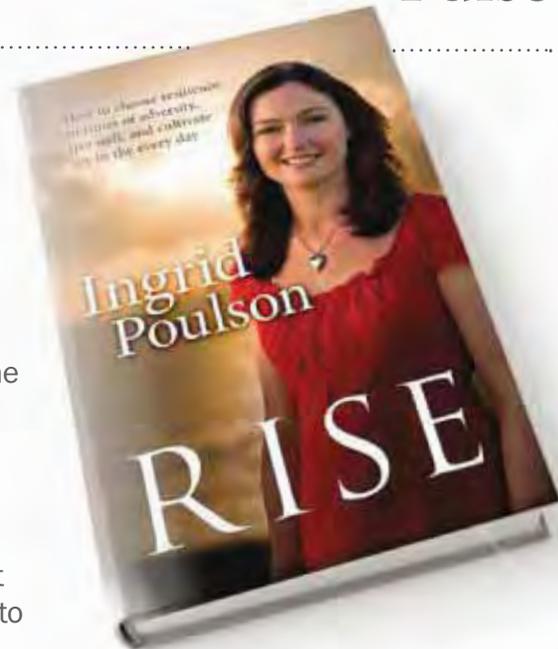
“I guess you don’t ever really move on but right from the start I had this voice in my head that I would not be bought low and from that I wrote out something that I called *My Promise* to help me survive.

However she said before the tragedy she would never have thought she could survive such an event.

“Prior to this I was one of those people who would have said I could not survive this, I could not survive the deaths of my children and I think what it really taught me was we can survive the most atrocious things and by saying that we can’t we actually put limitations on what we are capable of.

“The resilience of the human spirit is absolutely incredible,” she said.

Ingrid said through her company she explains to others that resilience is something anyone can learn.



“I set about providing workshops for people to show the skills you can use in order to increase your resilience in life in order to survive and go on.

“There’s just so many little things in life that you can do and people seeking my help or asking advice have already made that decision in themselves that they do want to overcome adversity, they do want to help themselves get through stressful situations better,” she said.

Contact Ingrid Poulsen at info@steadfasttraining.com.au

Her book *Risen* is available through Pan MacMillan

AN INTERVIEW WITH ...

Former Premier of Victoria and Chairman of beyondblue, Jeff Kennett on depression and the national initiative, which he established while in office.

Pulse Magazine: Is depression these days better understood by the general community?

Jeff Kennett: There is no doubt about that, not only is it better understood in terms of how a person relates to their own illness but more importantly, a greater understanding by those who are well in the community towards those who are less well, in this case suffering depression.

PM: Why do many of us find it so difficult to admit to depression?

JK: I think from many, particularly men, it's been a life long position, we don't give in easily, we don't seek help for things that might be affecting us adversely, be it a marital, partnership, relationship issue, whether it be financial whether it be health, so it's been, in part, bred into us. If we happen to live outside the metropolitan area, we're more macho than those fellows who live in metropolitan

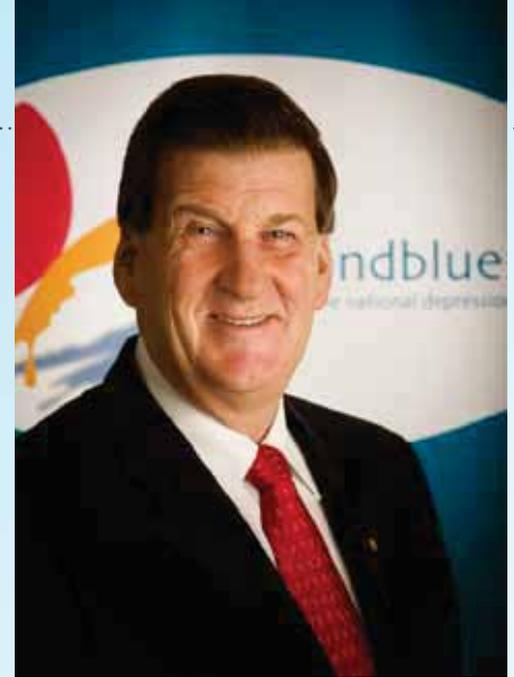
areas, in other words, out in the bush we're born to be tougher than John Wayne and that carries some pain at times.

PM: So it's the old male thing of not showing emotions and not showing weaknesses?

JK: Well not showing emotions, certainly but not wanting to have our actions seeking help being seen by others to be a sign of weakness but I think the community model is changing. There are now a lot more men seeking help and doing it without any fear of shame whatsoever. We have an information line at beyondblue which is available to the community right around the country for the price of a local call and we're finding of the 5000 calls we get every month about 45% of them are from men which is a huge percentage of men.

PM: What did you hope to achieve with beyondblue?

JF: We wanted to reduce the stigma, we wanted to better educate, we wanted to conduct our own research and from that research to develop educational material. We wanted to work with the professionals



and to provide information to the carers. So we have a program of work at beyondblue that we've been pursuing now for nine years, we just agreed to extend our charter from 2010 to 2015 so we're going to be around for a long time.

PM: Has it been successful?

JK: Anecdotally, without any doubt, yes, when I say anecdotally, the number of men and women presenting for help has dramatically increased, to GPs etc, in terms of has it been successful, I think the very fact that you and I are talking now is an indication that it has established a public profile as well as a political profile and priority for beyondblue. So yes, I think we have been successful but we can never

be complacent, there is still a lot of work to be done.

PM: is there a single big issue people find it difficult to deal with which might lead them into Depression?

JK: I think it's how you and I as individuals particularly deal with change, how we can adjust to the many changes in our community. When you look back over your own lifetime, I'm sure your parents never instructed you about change, they didn't do it at school, and yet change is all around us, frequently, often at our own instigation and often it's imposed upon us, but the community in many cases can't handle change well and if the stress and anxiety builds up and goes untreated you can often get worse.

PM: Are younger or older people more prone to Depression?

JK: No, everyone is, age is not a barrier, wealth is not a barrier, gender is not a barrier, it can strike anyone at any time.

PM: Are healthier people less subject to Depression do you think?

JK: Yes I do, I think if you continue to maintain an active regime if you watch what you eat and you drink and don't overly partake in those

things that you know are bad for you, you are going to be able to ward off not only depressive illnesses but importantly other illnesses. It won't act as an exclusive barrier to attracting an illness but as a generalisation, it's certainly a lot better to be active, to therefore be tired when you go to bed, to sleep well, to rise the next day with an optimistic outlook.

PM: Have you ever-experienced Depression?

JK: No, not clinical Depression, I might have been sad, when my parents passed away, that was in life's order, they were next to go, they'd lived good lives. I was emotionally sad that I'd lost an election but these things happen, I probably get sadder when we lose a football match but it passes and I recover in time to face the next weekend.

PM: What's your advice for a happier, healthier life?

JK: I genuinely believe it in not taking life for granted, in waking up every morning and saying thank you for the opportunity of

being here, secondly I believe it's the ingredient of we as individuals looking after our own health and staying healthy and thirdly to plan ahead. I have set myself goals for five and ten years from where we are today. If you don't do that you tend to be immersed in the issues of this 24-hour block or tomorrow when that period of time in our lives is just a drop in the bucket.

PM: And I suppose it helps if your football team is winning and you're no longer in politics?

JK: The latter certainly helps but I don't begrudge my service at all, I enjoyed it thoroughly but circumstances change and you move on to the next phase in your life. In regards to the football club, it would be a wonderment if they started winning a few games!

(Jeff Kennett is also the President of the Hawthorn Football Club in Melbourne)



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CHOICE THE WAITING LISTS SOLUTION SAYS DIXON

There's a continuing debate on how best to fix the ever-increasing problem of waiting lists in public hospitals.

The latest attempt is a \$300 million plan by the Federal Government to free up beds by discharging frail elderly people back to their own homes, with medical and back up help.

The Managing Director of Healthscope, Bruce Dixon said this latest attempt again misses the point on how best to solve the waiting list dilemma.

"Private hospitals have been saying for years that the best and most effective way of reducing waiting lists in public hospitals is to at least give patients with health insurance a choice of where they are treated.

"If a patient in this category chooses to stay in the public system that is entirely their choice but too often they are not. Many public hospitals cherry pick the privately insured to reduce the size of their deficits," Mr Dixon said.

Mr Dixon said more than fifty percent of Australians do not carry private health insurance and are often denied a public bed because of the number of private patients already ahead of them.

"It is really outrageous that Members of Parliament of all political colours have refused to deal with this issue and election after election promise a multitude of reasons and solutions as long as they secure your vote.

"This is not a self interest issue by the private system, we are not asking that all insured patients be treated in a private hospital, it simply comes down to choice," he said.

Mr Dixon said waiting lists in public hospitals could be eliminated in the short term if public hospitals kept the majority of their beds for uninsured patients.

"Australia's private hospitals operate overall at 76% of capacity, providing ample opportunity to treat privately insured patients currently in the public system," he said.

According to recently released government data, in 2008 Australia's public hospitals treated



Bruce Dixon

664,770 private inpatients, making the public hospitals the second largest provider of private inpatient care in Australia (behind Ramsay Health Care with 692,644 separations).

This equates to there being, on an average day, 8,519 private patients occupying beds in the nation's public hospitals.

"This is at a time when waiting lists and times for public hospitals are running at record levels.

"It is a national scandal that last year nearly 17,000 Australians waited in excess of one year before being admitted off a public hospital waiting list," Mr Dixon said.



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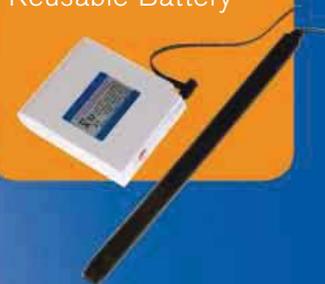


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HOPE FROM CANCER IN CHEMOTHERAPY TRIALS

There's new hope for cancer patients with tests continuing at the John Fawkner Cancer Trial Centre in Melbourne aimed at new or new combinations of chemotherapy treatments.

Three oncology specialists, Dr Walter Cosolo, Dr Allan Zimet and Dr Paul Turner, are conducting research at the centre, which they believe will produce positive outcomes for cancer patients being treated using chemotherapy.

Trials are being conducted in lymphoma, leukaemia, opioid induced constipation, colorectal cancer and haematology.

Dr Cosolo said the centre is involved in the latest clinical trials on patients with cancer using state of the art treatment.

"Treatment strategies change so quickly it's important that patients have access to clinical trials in private practice.

"These trials are part and parcel of the public sector across the world but by adding a trial centre at the John Fawkner Private Hospital, patients are given access to trials,

which may not be available to them locally.

"Under the different stages of these trials, chemotherapy target therapies are identified for patients who have exhausted regular treatment strategies which may give them access to new, more effective drugs earlier in their treatment.

Dr Allan Zimet said the new treatments could mean the difference between not surviving and possibly being cured of cancer which patients are keen to try.

"People are always looking for the best and the latest and this is an opportunity they get to participate in trials that are going to help them and also to help humanity further down the track.

"It's also excellent professionally, when you see new treatment that seem to do people a lot of good", Dr Zimet said.

For many people seeking new hope from cancer, a small sign in Dr Cosolo's consultancy rooms says it all: *Believe in Miracles*.



Dr Walter Cosolo (L) and Dr Allan Zimet.

TAKING THE MESSAGE TO THE MASSES

There are many traditional ways of getting a mental health message to the community but not normally at an agricultural Expo.

But that's exactly what St Helen's Private Hospital did in Tasmania by taking a stand at AGFEST a three-day agricultural exhibition at Evandale near Launceston.

The expo attracts more than 70 thousand people each year and was considered an ideal way of talking to a wide range of people about mental health.

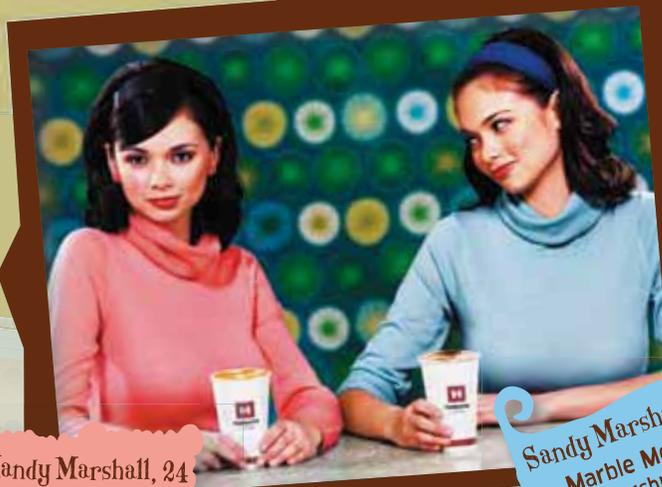
Nurse Unit Manager at St Helen's Mother/Baby Unit, Sharon O'Sullivan said being at AGFEST worked really well and was a big success.

"I spoke with over 150 people each day, their questions ranged from general enquiries such as where we were located, to personal stories of how they had been affected by depression at a particular time in their life," she said.

At every successful Expo, there's successful giveaway – at this event, one of the most popular items was the St Helen's Private branded lip balms which attracted females of all ages with 1500 given away.

Another feature of the stand included a private area where a psychologist offered short counselling sessions to visitors.

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COPING WITH SWINE FLU

Hospital experts believe the pandemic H1N1 2009 virus strain causing the current outbreak throughout Australia and much of the rest of the world appears to be more contagious than seasonal influenza and that further spread of the pandemic is inevitable.

Even though there have been more than ten thousand confirmed cases of swine flu in this country there have been dramatically more cases internationally with an estimated million cases reported in the United States alone.

The death rate has also been climbing with over 200 dying in the US and 124 in Mexico where the pandemic reportedly started.

In Australia, at last count, 29 people have lost their lives to swine flu.

Where most deaths occur in frail elderly people during epidemics of seasonal influenza, the Novel H1N1 is significantly different; this virus preferentially infects younger people, usually in people under the age of 25.

A number of patients with swine flu have been treated in private hospitals throughout the country.

A 37 year-old woman is the latest patient to be treated for swine flu in Intensive Care at John Fawkner Private Hospital in Melbourne.

Director of Nursing, Deb Dwyer said measures to deal with the pandemic were put into practice earlier this year when the extent of the outbreak overseas was known.

She said as a result of national programs introduced at Healthscope hospitals, staff has been well educated with programs running smoothly with no panic.

“The aim was to establish guidelines and to make sure everyone had a pandemic preparedness plan available to assess each facility’s preparedness and response mechanisms. An intranet site for key

resources was also established on the Healthscope intranet.”

“People know what to do, there is no confusion, and even though flu cases are reducing, we should still all remain vigilant to prevent spreading the virus to others. Hand hygiene and respiratory hygiene/cough etiquette are vital practices, which will reduce the risk of transmission.

“We’ve had three patients through our Intensive Care Unit as well as other cases who have also been managed in respiratory isolation as per the program that we have established.

“In some ways we have been lucky as the majority of cases are mild, and most people are recovering without medical treatment” she said.



*John Fawkner
Private Hospital
Director of Nursing
Deb Dwyer*



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PRICE HIKE WOULD SEND CIGARETTE HABIT UP IN SMOKE

New research from the Cancer Council of Victoria shows that most smokers would try and give up the habit if cigarette prices were to increase to around \$20 for a packet of 30 cigarettes.

Almost three-quarters of smokers said they would attempt to quit if tobacco prices were to go up by 50%

Executive Director of Quit Victoria, Fiona Sharkie said that in addition to being the most important incentive for people to stop smoking, an increase in cigarette prices was great for quitters' hip pockets.

"There is absolutely no doubt that increasing cigarette prices will save thousands of lives that otherwise would be lost to the devastating harms of tobacco.

"Research consistently shows increases in the real price of cigarettes are crucial to reducing smoking rates.

"With tobacco claiming 15 000 Australians lives and costing the community \$31.5 billion dollars every year it is critical that proven tobacco control strategies, such as price

increases, are implemented as soon as possible," she said.

Ms Sharkie said that the financial benefits should not be underestimated in the current tough economic climate.

"On top of quitting smoking being one of the best things you can do for your health, it is also a great way to save money in tough financial times.

"A pack a day smoker can save almost \$5000 a year by quitting; that's more than two monthly mortgage repayments on the average Australian home loan," she said.

The research also showed that 81% of Victorian adults would approve of increasing tax on cigarettes if the money went toward services to assist smokers to quit smoking and more than 60% of current smokers were in favour of a tax increase on cigarettes.

Professor Ian Olver from Cancer Council Australia said an increase in the cost of cigarettes would have some beneficial effect on those who could not quit altogether, and an even greater impact on poorer smokers.

"Research illustrates price increases

not only reduce the number of people smoking but also the amount smoked by remaining smokers, with greater drops observed among those in economically disadvantaged groups," he said.



PRICE NO DETERRENT FOR ONE YOUNG SMOKER

Claire Buttigieg is a happy, well-adjusted 19 year-old holding down a job as an Accounts Payable Officer.

She also smokes eight cigarettes a day, a habit that started when she was just 13 and under peer pressure from her friends.

But because she smokes relatively little, Claire said she has no concerns about the cost.

“It’s not that expensive because it’s not like I smoke a pack a day – I smoke about a pack every two or three days.

“It’s about \$12 a packet, so I’d spend about \$24 a week, but it depends on if I go out on the weekend or not.

Asked whether a price hike would prompt her to change, Claire was adamant that it would not.

“If I quit, I want to quit for my wellbeing, not because it’s too expensive.

“I know someone who wants to quit because they just got out of a divorce and they don’t have any money left, so they’re a bit iffy on it, so I try to give them as much as I can.

“In a situation like that, you should quit because you can’t spend all your money on cigarettes – what you have left, you can’t spend on cigarettes.

“You could cut down, but I think that’s a lot harder than quitting because you’re still getting the taste in your mouth and after three hours you want another one.

“I’m not poor, so I won’t be quitting,” she said.

Claire said that there is one reason she would eventually kick the habit, although she knows it will be difficult.

“I’ve thought about giving up because I know it’s bad for my health, but it’s just too hard. I’ve tried and it’s just way too hard.

“I’ll give up if my health gets a lot worse, but at the moment I’m OK.

“When I grow up and have kids, I’ll want to stop; when I’m pregnant, I’ll definitely stop – I’m not though,” she said.

Claire Buttigieg



THE DANGERS OF WINTER SUN

When most people think of skin cancer, their thoughts turn to sunburn and days at the beach when they neglected to ‘slip, slop, slap,’ but the colder seasons also pose an unheralded risk for skin cancer.

Dr Amulya Tiwari from the Castle Hill Skin Cancer Clinic in NSW said that people need to be vigilant about protecting their skin when they are out and about during the winter months, while making sure they get enough exposure to maintain healthy levels of Vitamin D.

“Ultraviolet rays are still there in the winter as well, and people don’t cover themselves with their clothes or sunscreen – they presume it is safe in winter so they go out freely and enjoy themselves on Bondi beach and that sort of thing and they get exposed to ultraviolet rays and they have more chances of developing skin cancer.

“In summer there’s more of course, but winter doesn’t mean that they don’t get any problems when it’s cold.

“In winter people should still cover themselves; they need some sun exposure for Vitamin D, but excessive sun damage is the key problem.

“For lighter skinned people, about 15 minutes sun exposure is good enough for Vitamin D; for darker skinned people, they need about half an hour at least; and for those with much darker skin, a bit more,” he said.

Dr Tiwari said people should get their skin checked regularly to prevent the development of skin cancers.

“They should get their skin checked once a year, or more often if their doctor recommends it, and they should start checking their skin from teenage years onwards – that’s when the damage starts.

“We see a lot of basal cell carcinomas mostly, then also squamous cell carcinoma and sometimes we also see melanomas,” Dr Tiwari said.

He called for children to be formally educated on the dangers of over-exposure to the sun, and linked Australia’s high skin cancer rate to the outdoors lifestyle.

“There should be some education in schools about skin cancer to make them aware of the problem because Australia has the highest

incidence of skin cancers in the world.

“The culture is that Australians make very good houses, but they keep their goods inside the houses and they live outside the house.

“They go to the beach and cricket matches and pools and barbecues and if they have nothing else to do, they take their singlet off and take the lawn mower and start mowing the grass.

“Slip, slop, slap is the one,” he said.



DISAPPOINTMENT AT MALE-FEMALE PAY GAP

The Minister for the Status of Women, Tanya Plibersek hopes to address the current pay gap between male and female full time earnings in the Australian workforce through a Review of the Equal Opportunity for Women Act.

She said the review, will take submissions from organisations and individuals over the next few months.

Ms Plibersek told *The Pulse* the 17.2 per cent difference in pay rates is disappointing.

“In part it’s explained by the huge boom in the mining sector, an area where you see a lot of male employment and wage increases in those areas in recent years were quite substantial so that explains a fair part of the gap but I would have hoped in Australia in 2009 there was a less of a gap between men and women’s wages” she said.

The Minister said while many women have achieved ‘terrifically well’ in their chosen

fields including the Assistant Prime Minister Julia Gillard and the Governor General Quentin Bryce, the proportion of senior positions held by women are still too low.

“Statistically, certainly the proportion in those senior positions held by women are too low and when you look at the ASX top 200 Board positions, we see that number has actually decreased.

“That is concerning to me because obviously we are not getting access to all of the talent that is out there if 8% or so of senior positions in Australia’s biggest companies are held by women, I think that tells you that there are a lot of talented people that we are missing out on”, she said.

The General Manager of Employee Relations for Healthscope, John Douglas said there are ranges of factors that contribute to the discrepancy between male and female rates of pay, depending on the industry.

“For example there is not a very high representation of women in the mining industry which tends to be male dominated so it’s possible that the mining



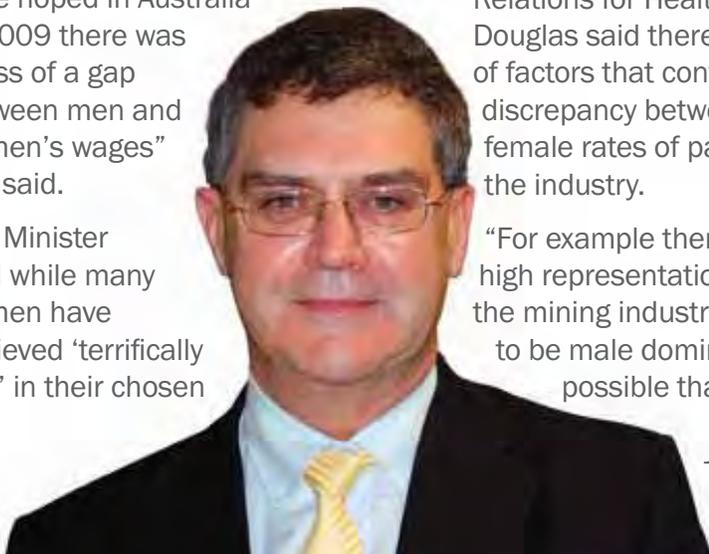
Tanya Plibersek

boom in Western Australia is skewing the equal pay figures for industry generally.

“However in health and particularly in Healthscope, women occupy a large number of senior management positions and we review the extent to which women are represented in senior management on an annual basis,” he said.

Mr Douglas said there is a movement towards equal rates of pay in all industries in this country but he said while it is not the case in health, a glass ceiling for women does exist in the general workforce.

“Women leave the workforce for reasons which include having babies and come back into the workforce at a later time when their peers have moved on, I think those sort of factors lead to a disparity” he said.



John Douglas



PREVENTING CHILD ABUSE

Clinical Director of Brisbane Waters Private Hospital's Central Coast Clinic, Dr Larissa Grund believes families are the key to preventing child abuse.

She said that child abuse could take many forms and be attributed to different causes.

"Most people tend to think of child abuse as physical abuse, hitting the child and, in the worst case scenario, the child can die as a result of injuries, but there's also neglect, not feeding the child, not getting them off to school, not providing adequate access to medical care or clothing.

"And there's emotional abuse and neglect as well, and the exposure of the child to traumatic events such as the parents arguing or the child witnessing domestic violence; although they may not be abused themselves, it can still have significant effects.

"The different types of child abuse really can be due to different causes, but the majority of cases where children are severely neglected or physically abused is where the parent has a substance misuse problem, with drugs or alcohol," she said.

Dr Grund said that substance misuse is now thought of as a mental illness, and was responsible for most violence against children, often as part of a dual diagnosis with psychotic illness.

"Psychotic illness is only really a very small percentage of child abuse cases compared to the substance abuse.

“When I worked in forensic mental health and that wasn’t just child abuse, but people who actually had nearly killed someone or killed someone, we did a study looking at the backgrounds of people there and about 85% of them were abusing a substance at the same time that they were psychotic, so the dual diagnosis in that population is immense,” she said.

Dr Grund said that parenting support and family were the most important tools to help at-risk parents cope with their parenting duties.

“I think from a public health perspective, the greatest intervention is parenting support for parents who are suffering from drug misuse, in terms of getting the most impact on the child abuse problem from a public health perspective.

“Often the impact on the children is ultimately what motivates some people to get help for their substance abuse problem.

“It’s important for family members to bring it to the attention of the person; however it will depend on what stage of acceptance they’re at about their problem, and what response you’re going to get,” she said.

Dr Grund said that although the idea of confronting a loved one about a substance abuse problem could cause anxiety, there were effective ways to handle it, which could minimise the risk of an adverse reaction.

“A lot of times people can feel anxious about confronting that person because they may get quite a negative response, but it is actually important to say ‘I think you have a problem and you should go and have a chat with your GP to see if they think you have a problem.’

“Most areas do have drug and alcohol services and counsellors who are able to talk to people over the phone and that can be good too

– give people a number and suggest ‘Why don’t you give them a call and have a chat and see if it looks like you are heading into problem territory?’” she said.



Dr Larissa Grund

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THE BRAIN THAT CHANGES ITSELF

He's an internationally acclaimed psychiatrist and best selling author who has definite theories about how the brain works and more importantly how it can adapt itself.

Canadian Dr Norman Doidge has spent most of his career exploring how the brain works and why for too long the brain has been thought of as a machine without the ability to change.

In Australia to address a conference on Happiness and Its Causes, he said the brain has been seen as a complex machine with parts, each performing a single mental function almost as a kind of computer.

"This doctrine of the unchanging brain meant that many born with mental limitations, learning disabilities or certain psychiatric problems, or those who suffered brain damage or strokes were seen by definition as condemned to live with them," he said.

However Dr Doidge said international studies now show that the human brain rather than being fixed or hard wired can not only change itself but works by changing itself.

He said through a process of neuroplasticity the brain could change its structure and function in response to what it senses, what it does and even what it thinks and imagines.

As an example, Dr Doidge gave the example of Michelle Mack, a woman born with half a brain, without her left hemisphere.

"One would have thought she would have been mute, on a respirator in intensive care, yet she speaks normally holds a job, loves and has a sense of humour because her right hemisphere reorganised itself to take over what the nonexistent left should have been doing.

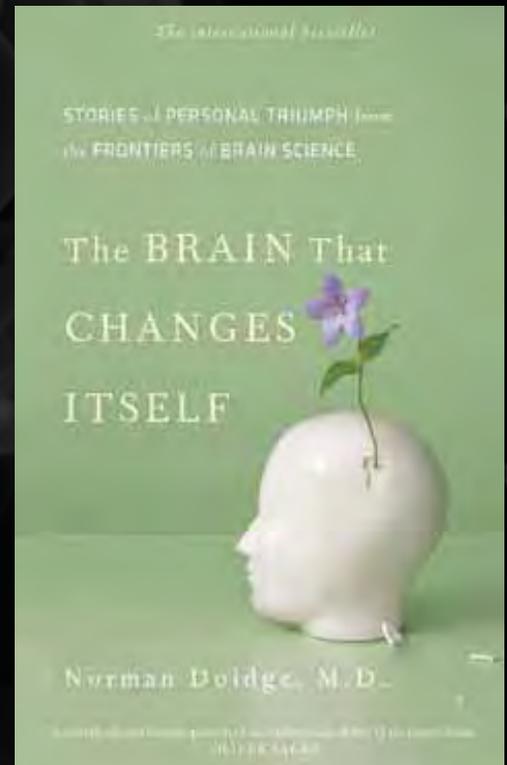
"But the brain doesn't only change in extreme situations like this, that is how it normally works, that is the modus operandi from cradle to grave," he said.

Dr Doidge said once it's understood that brain development continues throughout an entire life, brain exercises can take place alongside cardiovascular training to improve many functions including memory.



Photo by Al Gilbert

Dr Norman Doidge



Dr Doidge's book *The Brain that Changes Itself* is available through Penguin Books.

TAKING A PROACTIVE STAND ON CHILDREN'S HEALTH

The St Andrews Medical Group in Perth has all the normal things you'd expect to find in a General Practice Clinic, but they also stock show bags full of goodies that only a four year-old would love.

Since the Federal Government introduced the Healthy Kids Check for four year-olds, the clinic has been showing youngsters who have their immunisations fresh in their minds that a trip to the doctor is not always going to include a needle.



Healthy four year-old, Elysha Cooper surrounded by St Andrews Medical Group Practice Nurses (left to right) Adele Allan, Pascale Betty and Heather Lindsay-Smith

Practice Manager at St Andrews Medical Group Cathy Baker said the checks were designed with the children's' experience in mind.

"To make it a bit more fun for the child, we've actually included things like jigsaw puzzles and drawing and colouring in and things for them to do while the nurse is actually observing them here at the centre.

"We give them a little goody pack to take away, so it's a bit like a lolly bag from a party because usually the previous consultation they've had at the surgery will be their four year old injections which is not a nice experience and they're old enough to remember it, so if the next thing they get is a lolly bag from the doctors, they might think more favourable about us if they have to come again," she said.

Practice Nurse Adele Allan said the children's 'fun' also served a greater purpose.

"The doctor or nurse will get the child involved by making it fun for them as well as allowing us in the practice to observe any problems before they start school.

"The purpose of the Healthy Kids Check is to ensure that every four year old child has a basic health

check to see if they are healthy, fit and ready to learn when they start school.

"This check also assists general practitioners and practice nurses to identify any health issues for children prior to starting school and enables GPs to provide treatment or referral for any conditions identified as a result of the check," she said.

The Healthy Kids Check covers height, weight, eyesight, allergies, hearing, oral health, and toileting.

Ms Baker said the checks provided a good opportunity for parents to discuss with medical staff their concerns over their child's general wellbeing and development.

"People tend to think some of these programs are a bit airy-fairy, but in fact it's identifying things that mums may have been a little bit concerned about but weren't really sure.

"Often when they're going through the process it will confirm the parents' doubts over a certain issue, whether it be that they don't hear properly or they're still having trouble with their toileting or things like that.

"From there, they can confirm with them and then head them in the right direction with the doctor to refer them on if need be," she said.

Super and share markets: what can you do?

How's your super doing?

This question means a lot in times of economic uncertainty. Your super's an investment, and investors everywhere are feeling the effects of market volatility.

What can you do when share markets seem unstable? The best response depends on your goals.

Keeping your cool

Super is best viewed as a long-term investment — even if you retired tomorrow, you might stay invested for another 30 years.

Although you may consider investing conservatively to try to avoid future downturns, reacting after market fluctuations occur might not be ideal.

It may cause investors to sustain losses that they could have avoided if they'd maintained their investments until the market recovered.

They might also miss the benefits of upswings that may occur as economic uncertainty subsides.

Where to invest now?

Market fluctuations shouldn't change your goals — you'll still need super to enjoy retirement.

Investment in undervalued assets can give you the chance to benefit from any future market gains. And super's concessional tax rate makes it an outstanding long-term investment.

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Get a better grip

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2. Decide if your investment matches your profile.

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3. Consider making voluntary contributions.

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4. Review your insurance.

Download *Your HESTA insurance guide* from www.hesta.com.au/insure and make sure you have enough disability and death cover to meet your needs.

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REVERSING TRAGEDY IN PAPUA NEW GUINEA



Maura Desmond from POWP with a child given new hope

Heart disease claims the lives of more than three thousand people annually in Papua New Guinea, many of them children.

It's the second most common cause of death in the country where life expectancy is just 57 years. The mortality rate for children under five is 10 times that of Australia.

For many years, Australian volunteer medical groups have at least had some effect on these shocking statistics, saving the lives of an estimated 50 PNG children each year.

Operation Open Heart, an Australian initiative backed by AusAID, began in 1993 and consists of volunteer

Australian medical teams working with their PNG counterparts.

Recently the 17th OOH team operated on 54 people with heart defects, most of them children.

This included 35 open-heart operations and 19 closed-heart procedures in the Port Moresby General Hospital.

Nurse Unit Manager, Lyndall Adato from Prince of Wales Private in Sydney has been making the trip, as a volunteer, to Papua New Guinea for the past four years.

She said without these medical teams going into the country many more children would die.

"These children wouldn't have any other opportunity, the government doesn't have the money to send them out of the country to Australia for treatment.

"Some of these kids don't even get to us in Port Moresby because the village has to come up with the return air fare to get them to the capital and after that donations and our volunteer work take care of the operation", she said.

Lyndall said the feeling of literally saving a child's life in this way is exhilarating.

"When you're there, the children and the families that we help, it is just so fantastic, I come away with knowing perhaps that's why I became a nurse in the first place," she said.

Lyndall said while she has been volunteering as part of the team for the past four years, she plans to keep returning for very simple reasons.

"It's the children's faces and the parents, they bring them to theatre and while they can't have any comprehension what we are about to do, they hand their children over knowing this is the only hope that they have.

"Afterwards, in Intensive Care and on the wards you see the kids laughing and smiling and some of them walking and running more than they've ever done in their lives because they have been so breathless before.

"Now here they are kicking a football in the ward corridors, that's what takes you back," Lyndall said.



Lyndell Adato with a donated perfusion machine

THE CONTINUING EFFECTS OF WAR

Some never recover, others don't think it's 'manly' to seek help while others, the lucky ones, know they are having troubles coping and ask others to assist them through what can be a harrowing and debilitating time, emotionally.

But a large number of veterans need prompting, even many years after hostilities ceased, to get help they have desperately needed.

A pilot study in the Geelong area entitled *How Are You Travelling Now?* is seeking out veterans struggling with their post-war lives.

It involves five organisations including the Department of Veterans Affairs, the Australian Centre for Posttraumatic Mental Health and The Geelong Clinic.

The results so far have been surprising with many veterans coming forward to admit they are still having problems coping with everyday life.

Many fought in Vietnam, most conscripted into a war violently opposed by large sections of the Australian community at that time.

The study is being conducted by a psychiatric nurse at The Geelong Clinic, Sue Eddy who said many are coming forward who have not previously sought help.

"We certainly understand and have seen that there are a lot of veterans out there who perhaps aren't travelling so well and have never actually put their hands up for treatment.

"This initiative is a campaign that's been launched to get people to tap either veterans on the shoulder to ask how they are travelling or for veterans to actually put their hands up and say, hey I'm not travelling too well," she said.

Geelong surgeon and Vietnam veteran Ted Heffernan who served as a doctor with field ambulance and artillery regiments at Nui Dat who is also supporting the campaign said many former servicemen find it almost impossible to seek help.

"They find it so very hard to seek help, to even talk about Vietnam and being there and many, if they do are told, get on with your life.

“Many just retreated into their own shell, self-medicating with alcohol perhaps, but while the welcome home march which finally acknowledged their service started the healing too many still didn’t seek help because they believe doing so was a weakness,” he said.

Sue Eddy said many veterans are often unaware of their feelings or where to go for help, something she hopes this campaign will overcome.

“There is such a network within the community

that is already set up to help, not only veterans but also their families who in many cases have also been suffering.

“We’re encouraging anyone who is seeking assistance or even information to contact The Geelong Clinic and that help will be made available,” she said.

Ms Eddy said while this campaign has been centred on the Geelong area, there is a need for similar help programs throughout the country.



OUTSTANDING ACHIEVEMENTS IN RESEARCH RECOGNISED



Professor Michael Berk

During a recent Organisational Wide Survey conducted by the Australian Council of Healthcare standards, The Geelong Clinic has been awarded an Outstanding Achievements rating for research, and the integration of research findings in the treatment of depression and other mental illnesses.

Professor Michael Berk and the research team have published over 60 papers in the past two years, and these findings have been used to ensure the integration of evidence-based practice in the design and review of in-patient and outpatient programs at The Geelong Clinic.

The unit produced a number of novel research findings that are clinically and practically significant. These include the first epidemiological data showing that habitual diet influences the likelihood of having depression and anxiety. They also showed that smokers have a doubled risk of developing depression, and that that suicide rates spike following the shift to daylight saving, suggesting that even modest disruption in diurnal rhythms is deleterious. The team reported that SSRI antidepressants, the most widely used class of antidepressants, increase the risk of osteoporosis. Using Geelong Clinic data, they showed that ECT is far less useful in Bipolar than Unipolar depression, and highlighted the fact that there are very high rates of Vitamin D insufficiency in psychiatric cohorts.

The team has developed an antioxidant, N-acetyl cysteine, and proved that this is an effective treatment for depression in bipolar disorder and for schizophrenia. They are currently doing two more clinical trials of this over the counter naturally occurring agent, one to show that it is effective in

depression, and another to prove if it is useful in relapse prevention in bipolar disorder. These are world firsts.

Having partnered in the development of the MAPS day patient programme for bipolar disorder, which is now used across the Healthscope group, they developed one of the first Internet based psychotherapies for bipolar disorder. The unit produced the International Society of Bipolar Disorder guidelines for safety monitoring of psychotropic agents. "We are very appreciative of Healthscope's vision in establishing this unit, and for their ongoing support of the unit," said Prof Berk.

The Geelong Clinic General Manager, Janine Haigh said everyone was extremely excited to receive this rating.

It is very rare to achieve such recognition in the private sector.

"It's outstanding for everyone who works here and especially for Professor Berk who has assisted us to improve the safety and quality of private psychiatric healthcare in the Geelong region," she said.

PRIVATE HEALTH INSURANCE STRONGER SAYS MINISTER

Latest figures show that more and more Australians are taking out private health insurance membership than ever before.

Federal Health Minister Nicola Roxon said despite recent predictions of a fall in participation rates, a total of 44.6 per cent of all Australians were covered by private hospital insurance in the June 2009 quarter.

She said this is the highest proportion of people covered for hospital treatment since March 2002.

The figures, released by the Private Health Insurance Administration Council (PHIAC) show that:

- 9,745,242 persons (44.6% of the population) were covered by hospital treatment policies, an increase of 43,125 people from March 2009
- 11,198,744 persons (51.3% of the population) were covered by general treatment policies, an increase of 58,091 people from March 2009
- 11,257,885 persons (51.5% of the population) were covered by either hospital, general, or hospital and general treatment combined policies, an increase of 57,724 people from March 2009.

The Minister said currently the Government subsidises the private health insurance of all Australians, regardless of their income.

She said changes proposed by the Rudd Government mean this subsidy would be reduced or eliminated for higher income earners. There will be no change for low and middle-income earners.

Ms Roxon said Treasury modelling estimates that after these reforms, which she said will save taxpayers \$1.9 billion over four years, 99.7% of people will remain in PHI. However Opposition Health spokesman, Peter Dutton said many people are retaining private health insurance because they do not have faith in the public hospital system.



SLEEPING WITH THE ENEMY

A new study by the Prince of Wales Medical Research Institute has found a disturbing link between snoring, associated with sleep apnoea and brain damage.

The study, led by Professor Caroline Rae is the first to analyse in a second by second timeframe what is happening in the brains of sleep apnoea sufferers as they sleep.

“It used to be thought that apnoeic snoring had absolutely no acute effects on brain function but this is plainly not true.

“The findings show that lack of oxygen while asleep may be far more detrimental than when awake, possibly because the normal compensatory mechanisms don’t work as well when you are asleep.

“This is happening in someone with sleep apnoea acutely and continually when they are asleep. It’s a completely different biochemical mechanism from anything we’ve seen before and is similar to what you see in somebody who has had

a very severe stroke or is dying,” she said.

Professor Rae said the findings suggested societal perceptions of snoring needed to change.

“People look at people snoring and think it’s funny, that has to stop,” she said.

Professor Rae said it was still unclear why the body responded to oxygen depletion in this way but it could be a form of ischemic preconditioning, much like in heart attack sufferers whose initial attack makes them more protected from subsequent attacks.

“The brain could be basically resetting its bioenergetics to make itself more resistant to lack of oxygen.

“It may be a compensatory mechanism to keep you alive, we just don’t know, but even if it is it’s not likely to be doing you much good,” she said.

Manager of Sleep SA at The Memorial Hospital in Adelaide, Michael Bowes supported the findings of the study and in particular where it related to sleeping disorders among young children.

“The prevalence of sleep disorders in children is definitely one of the most under recognised areas of medicine.

“There are clear links between learning difficulties and childhood obesity, and this new research highlights the potential impact of sleep disorders on a child’s brain as well which I think is incredibly important,” he said.

Mr Bowes said the findings of the study has the potential to save lives.

“The long term effects of sleep apnoea on the body have been known for a long time but this added information has the great potential to save lives” he said.

He also agreed society must change it’s attitudes to snoring generally and no longer treat it as a joke but a condition that may well require urgent medical attention.

Sleep apnoea, the temporary suspension of breathing, affects about 25% of middle aged men, around 9% of women in the same age group and many newborn babies.

It can, and often does kill, as well as contributing to a number of other serious health disorders including cardiac disease, increased hypertension, weight gain and diabetes.

Sleep analyst Michael Bowes



LET'S WORK TOGETHER

SAYS NEW AMA HEAD

The new head of the Australian Medical Association, Dr Andrew Pesce has forecast a closer working relationship with the Federal Government during his presidency.

He told *The Pulse* there has been a perception, especially in the media that the AMA was primarily protecting the interests of doctors rather than working to a broader agenda.

"I don't think that's been the intention but unfortunately that's the way it's been portrayed a lot in the media and we need to go out of our way to show that we always want to work in the public interest and that's what I would like to focus on" he said.

Dr Pesce said that doesn't necessarily mean that the AMA will take a softer line with the government on wide ranging issues.

"It means that we don't change our core values and principles but what we say is if the government wants to bring in some changes to the health system, we'd look at it or the



New AMA President, Dr Andrew Pesce

basis of our core values and we talk constructively with the government.

"Usually there will be some advantages and some disadvantages in what they are saying and we'll say, look we can see what you are trying to achieve, we've got these concerns, can we see how we can allow you to achieve what you're wanting to achieve and address the concerns that we have rather than just saying no" he said.

Dr Pesce said while it might be seen by some as a softening approach with the government, it could bring positive results.

"I don't think that either the medical profession nor our patients want the AMA to be at war with the government, I think our value is in being seen positively as advisers in the health system advising on good health policy and trying to improve things where we can rather than being an adversary of the government," he said.

"We don't change our core values and principles"

Dr Pesce said the AMA has already made it clear to Federal Health Minister Nicola Roxon it intends to try and increase its positive engagement with the government and believes that good will will be reciprocated.

"We would expect to see that the government consults with us ahead of announcements of policies, to help them in their policy development so we don't have to have disagreements with them when policies are announced," Dr Pesce said.

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CANBERRA MUMS TAKE TO THE STREETS

In recent years, mothers in cities across Australia have forsaken breakfast in bed for an early rise and some exercise to raise money for the National Breast Cancer Foundation.

This year, National Capital Private Hospital's mothers on staff (and one mum-to-be), joined an estimated crowd of 6,000 fellow Canberrans, including event patron Governor General Quentin Bryce and the Deputy Prime Minister Julia Gillard, to participate in the Mother's Day Classic fun run or walk for breast cancer research.

Decked out in pink "Marvellous Mums" t-shirts, the group was treated to the best of Canberra weather wandering around Lake Burley Griffin, situated in the city's Parliamentary Triangle.

While some of the fitter participants braved the 10km run, most preferred to take the very pleasant 5km stroll in the sun.

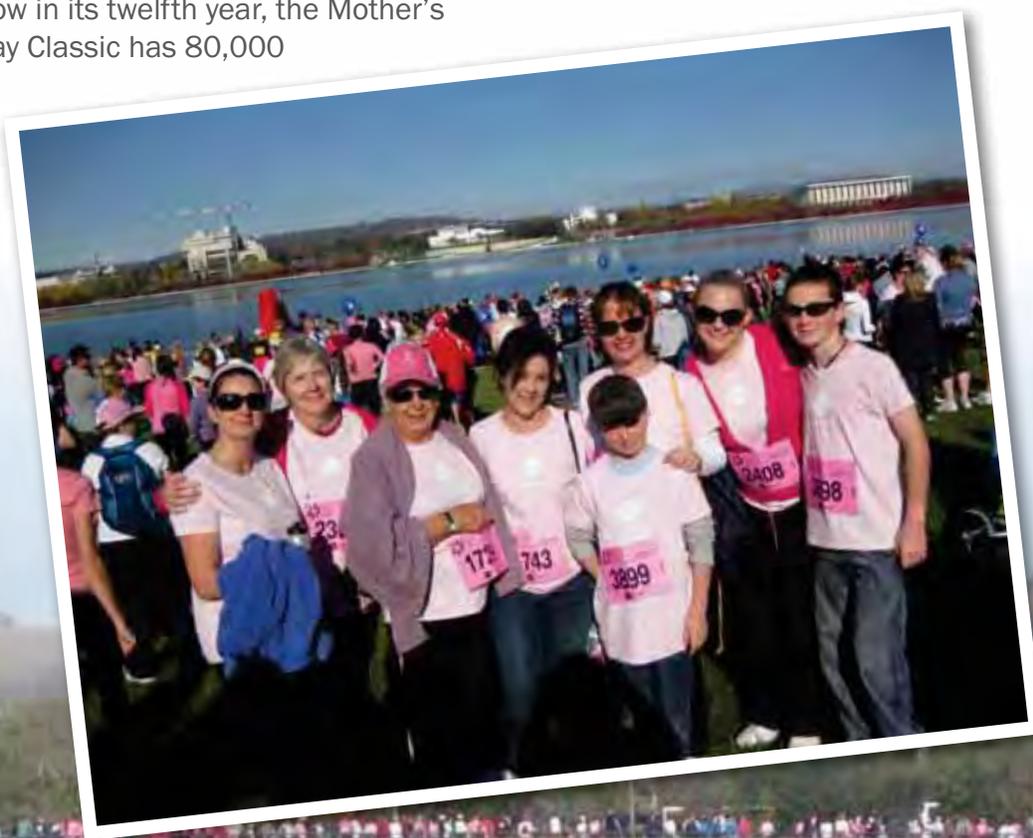
Afterwards, participants toasted the event with champagne at the Nurses War Memorial along ANZAC Parade.

Now in its twelfth year, the Mother's Day Classic has 80,000

participants across most state capital cities and some regional centres.

Since 1998, the event has provided more than \$4.4 million for breast cancer research.

www.nbcf.org.au



National Capital's "Marvellous Mums" fundraising for breast cancer research

WHEN MUM'S THE WORD

When you are named as Mother of the Year it's a great achievement but when your son nominates you it puts the award on another level altogether.

Hobart nurse Bernadette Black is still on Cloud Nine after being crowned Barnardo's Australian Mother of the Year for 2009 at a glittering ceremony in Sydney.

"When my 16 year-old son Damien, who was 15 at the time said he was nominating me for Mother of the Year I thought, gee I must have done something right today.

"But a 15 year-old, let alone being a boy to nominate you was really impressive and so knowing that he put in the nomination was just the most heart-warming thing as a parent," she said.

Bernadette said to be named Mother of the Year was a tremendous honour and a real privilege but she was selected for work most of us wouldn't have the time, the dedication and commitment to do.

A mother herself at 16, Bernadette does a lot of work with women facing unexpected pregnancies, helping



A very proud husband Steven and son Damien with Mother of the Year Bernadette Black.

them in difficult situations including writing a resource book *Brave Little Bear*, to give them hope and advice on how to cope.

She has also done a lot of professional speaking around Australia at secondary schools and looks after two exchange students, from Korea and China as well.

"Being a mother is the most challenging and the most rewarding job I think people ever do and trying to have fun while you're doing it can be a challenge," she said.

But there are limits, Bernadette said people at her local school have asked if she wants to take their kids but she (somehow) managed to decline the kind offers.

TOP HONOUR FOR SA MIDWIFE

Ever since she was five years old Shani Dean wanted to work in a hospital, an ambition that came to fruition when she completed her Bachelor of Nursing in 2001.

Eight years after entering the profession, the Ashford Hospital nurse has achieved an honour beyond her childhood dream, being named South Australia's Midwife of the Year.

Shani says her early work at the Ashford Hospital shaped her ambition.

"I started working at Ashford as a registered nurse in 2002 where I worked on a surgical unit, which also acted as an overflow ward for the maternity ward when they required additional beds to accommodate all of the families with new babies.

"Working amongst women and their babies and observing how the midwives worked inspired me to want to do my midwifery degree," she said.

Ashford Hospital Maternity Services Manager Mignon McDonald said

Shani is a very deserving recipient of the award.

"We are very proud of Shani as she reflects contemporary midwifery practice at its best.

"She is a dynamic professional who contributes as passionately to her clients as she does to her team and professional colleagues," she said.

Shani said midwifery has reshaped her professional life.

"Being a midwife has taught me to be patient, empathic, supportive, flexible and to be on my toes!

"I happen to be in the fortunate position to work in a team where my colleagues and peers are also my friends; our team is a fantastic and diverse group of professionals who have supported me and helped me develop my skills.

"I never, ever, get tired of seeing babies come into this world – who could get sick of celebrating a birthday every day?" Shani said.



South Australia's Midwife of the Year Shani Dean at work.

CONCERN AT FOOTBALL INJURIES

Recent studies show an increasing number of injuries, especially by young males during the football season and especially in the AFL.

Because it's a high intensity contact sport, there have been concerted campaigns, especially by the leagues governing body the Australian Football League to reduce the rising number of injuries in the sport at all levels.

Although current statistics are still being calculated, in 2002-03, almost four thousand people were admitted to hospital across Australia for Australian football related injuries.



Surprisingly, the number of injuries in rugby league is lower but still concerning to those who run the code, worried that many parents might encourage children away from the more contact sports.

The head of the Emergency Department at John Fawcner Private Hospital in Melbourne, Dr Don Liew said the increased number of football injuries presenting to EDs is of concern.

He said the reasons are possibly two fold:

“The game is played more often, among an increasing population. It is becoming a more popular game among children of different ages. Injuries also increase proportionally.

“There is also an increasing competitive tendency of individuals. The culture we have and we play with, the faster style of the game compared to say a generation ago, would lead to an increase in injuries.

“It's a fast paced game, played for two hours plus in which individuals



Dr Don Liew

don't wear any protective gear at all. Compared with other codes of football, which are either not played at the same level or with protective gear such as helmets, shoulder pads and so on.

“I think it should be standard, particularly for young players to wear mouth guards, these are easy to use, they impair the ability to play the game very little, and would limit the amount of oral / dental injury a player can sustain.

“While helmets, shoulder pads and the like are not feasible in Aussie Rules, mouth guards in particular should be mandatory, especially for young kids,” he said.

Dr Liew said it is understandable that parents want their children to play less contact sport to save them from injury.

“I think it’s completely understandable, as a parent myself, my preference would be for them to take part in activities that are less prone to injuries.

“Having said that, it would not be ideal to stifle or curb an individual’s tendencies; you can’t wrap them in cotton wool for the rest of their lives,” Dr Liew said.

As a mother, Chris Papas knows only too well at the number and extent of football injuries to a young son.

18 year-old Mitchell Papas loves AFL football and has the dreams and expectations of any aspiring top player his age.

She said he’s had injuries to his ankles more times than she can remember, cracked ribs, ligament damage, a major cartilage operation on his knee and is due to have a shoulder reconstruction soon.

“It’s really hard because you worry about their health and how they are going to cope later on in life with things like arthritis, is he going to be able to lift or move his arm properly

and how he will cope generally, but I’m also very proud of his achievements and how much he gets out of playing a sport that he loves.”

“He really does want to go further, he was picked for the Northern Knights squad to train for them but at the first training session he injured his knee and had to have an operation and three months rehabilitation.

“He’s now playing senior level and after his shoulder operation he’ll be back, that’s all he wants to do in life, he just wants to play AFL footy,” she said.



Chris Papas



CATS BLOOD IN HIS VEINS

Bob Davis couldn't wait to get out of the Geelong Private Hospital, not that he didn't think the care was good, he said it was but the Geelong football legend had a game to catch and in the middle of the football season in Melbourne, that's more important than just about anything.

Bob was the coach of the 1963 Geelong Cats side that won that year's premiership and he still has a close association with the club today.

He also played 189 games for Geelong, initially travelling from his hometown of Ballarat by taxi to train and to play, between 1948 and 1958 and was named as part of the Geelong side of the century.

But recently, Bob hasn't been in the best of health since falling in his bathroom and cracking two ribs.

"I haven't been feeling perhaps quite as well, I had a bit of a turn and then I fell over and broke a couple of ribs but you know, but it's just a part of getting to 81 I suppose" Bob said.

To say football and in particular the Geelong Cats is in his blood is a massive understatement, he loves

his footy team and obviously, in many ways, it still loves him.

"I've still got a very strong connection with the footie club and I go and watch and when I'm quite well, I go and watch the training every day.

"I sit where the reserves sit and watch them there, I know all of the boys very well and without being too stupid, they know me pretty well so we have a very nice time and everything the club does I always get invited to," he said.

However his attendance at the game was disrupted after his accident, he wasn't allowed to attend but he did get permission to go home to watch it on television.

"Nowadays with the television, it's probably better than being there in some ways but I always enjoy it so much when I go, it's only about five minutes to the ground from where I live, it's a delightful day," he said.

Now, back home, Bob walks every day, getting fitter as he recovers.

And even though Bob is a one eyed Cats supporter today, he believes the side of the fifties was the best ever.



Cats legend Bob Davis

"The side we had in '51 and '52, there's no doubt it was the best team, I think better than today and in '51 we not only won the flag after only winning just three games in three years before 1948, it was just a marvellous time for us" he said.

Despite that, Bob believes Geelong will win the Premiership in 2009.

"They are a very good team and even though you can hardly expect to go through the season undefeated because of injury, I'd like to think that we would win it and win it quite well to be truthful, it just appears we are on a winning streak," he said.



VICTORIANS URGED TO JOIN HEALTH SURVEY

Associate Director of the Baker IDI Heart and Diabetes Institute Associate Professor Jonathan Shaw has asked Victorian households to take the time to participate in the 4000 for Health: the State of our Wellbeing study being conducted by the Baker IDI Heart & Diabetes Institute.

The 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.

While they have achieved almost 25% of the 4,000 participants required, Associate Professor Shaw said it has been difficult to get people to participate in the survey.

“The problems are that these days people are a little bit lacking in trust and there are many competing things keeping them busy.

“That’s a bit of a challenge for us because we need as many people as possible that we ask to take part, otherwise we won’t get a good picture of Victoria,” he said.

The Associate Professor said

that it was important that invited households take part because it wasn’t a study that called for volunteers, but rather chose their sample carefully.

“This isn’t a volunteer study where we’re looking for anybody to step forward. In order to properly describe patterns of disease and risk factors for disease, you need to randomly select you get to invite.

“If we just take the people who volunteer, then we get a very different profile and it wouldn’t be the right profile and not helpful,” he said.

He said that households who were invited would receive a ‘to the householder’ letter and a follow-up visit in the weeks afterwards.

“The letter comes out and then within a week or so we start knocking on doors.

Meanwhile, Gribbles Pathology has kept pace with the survey’s demands, having now completed laboratory testing on all Victorians so far tested as part of the study.

The laboratory tests, including 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, have so far been conducted on samples provided by 901 participants.

The health measurement survey was launched in April by former AFL player and coach Kevin Sheedy and Victorian Health Minister Daniel Andrews.

It is an Australian-first, which it is hoped will provide new tools to beat heart disease and diabetes, which is Australia’s fastest growing chronic disease.

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.



Associate Professor Jonathan Shaw from the Baker IDI Heart and Diabetes Institute.

John Thorogood

Healthscope Head Office

What is your current role at Healthscope?

I'm Team Leader of Victorian payrolls and also in charge of the superannuation and deductions Australia-wide.

How long have you worked in the job?

Nine years

What do you like most about it?

Providing good customer service to all employees, resolving their queries and ensuring that they are paid correctly, which, in turn makes them happy. I enjoy a challenge, and in Payroll, each day provides a different challenge. I am lucky to have the support of my team and with their support here in Victoria, along with QLD and NSW we are able to meet our deadlines, which in turn results in our employees being paid on time. The other part of my job that I love doing is preparing the super payments, ensuring that the reports balance and if they don't, I take pleasure in investigating this until it is resolved.

What couldn't you live without?

My life would not be complete without footy, cricket, my lovely wife, and beautiful daughter.

Star Spot

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

Ritchie Benaud, Malcolm Blight, Graham Bond and Gerard Healey, so we can talk footy and cricket all night!

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

I would love to be a Zoo Keeper, working with the bears and the tigers.

What is your favourite pastime?

Watching sport and spending time with my family.

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

Give more money for schooling, improve our roads and put more police on the beat to keep the turkeys in line. Maybe give some money to my struggling footy team North Melbourne!



INTERNATIONAL AWARD FOR RESEARCH INTO PARKINSON'S DISEASE

Clinical Neuropsychologist at Brisbane Waters Private Hospital and The Sydney Clinic, Dr Wayne Reid recently won a prestigious international award for his work researching Parkinson's Disease and Dementia.

The Cornelli Award was presented to Dr Reid for a paper he presented in Prague at the 9th International Conference on Alzheimer's and Parkinson's Diseases.

The paper for which Dr Reid received the award reported on the results of a twenty-year neuropsychological study, which showed that increasing age was an important factor in determining the prognosis in Parkinson's Disease and also the treatment response.

Dr Reid's longitudinal study focused on an aspect of Parkinson's that previously has not received much examination.

"Traditionally the focus has been very much on the motor symptoms of the disease because of their very disabling effects on the patient's day to day functioning. It is only in more recent years that people have started to look also at the cognitive changes that accompany the disease and what causes those cognitive changes.

“We have been able to examine the brains of some of the people that we’ve studied throughout the course of the study and do clinico-pathological correlations. This has allowed us to look at the neuro-pathological changes in the brain, and how they relate to the symptoms of the disease that we saw during the course of the illness,” he said.

Dr Reid said his research distinguished three different kinds of Dementia that could accompany the onset of Parkinson’s disease.

“I found that the age of onset of the disease was a significant factor contributing to the type of Dementia that the person suffered from with their Parkinson’s Disease.

“Distinguishing the three phenotypes of Dementia was a relatively new concept, although previous research had identified one of the dementia phenotype, Dementia with Lewy Body group, but it was the middle and later Dementia onset groups which were not previously delineated entities that we’ve described in Parkinson’s disease”, he said.

“The implication for younger patients is substantial.

“People with a younger age of onset of Parkinson’s Disease had a longer



Dr Wayne Reid (left) receiving his award

period of Dementia-free survival. Their cognitive abilities did not deteriorate in the same way or at the same speed as somebody who developed the disease after the age of seventy.

“I found that the cognitive problems of those that didn’t develop Dementia until later in the course of the disease were mainly restricted to a decline in their memory functioning, information processing speed and executive skills after many years of suffering the disease,” he said.

Dr Reid is hopeful that his research will help Parkinson’s sufferers to further delay the onset of Dementia.

“What we’re hoping is that through identifying this late onset group who don’t develop Dementia until later in the disease process is that we might be able to develop drug strategies that may even further delay the onset of the dementing illness.

“Such drug treatment strategies would target the cognitive changes, as well as the motor changes in Parkinson’s Disease,” he said.

HEALTHSCOPE SNAPSHOTS...



Former PM Gough Whitlam turned 92 recently celebrating an active lifetime, with many years in politics including defeating Liberal PM Billy McMahon as PM with the *It's Time* campaign in 1972. A little before that, as our picture shows, as Opposition Leader he took on a hard hitting (!) interview with a very young Russ Street then a reporter for Channel 8 in Orange NSW.



Visitors to the Wyong Family Practice in Tuggerah will experience the work of Senior Receptionist Sue Candy both as they arrive and then again when they wait. Sue's painting (pictured) of "Australia, the wide brown land, with sand and sea running through it," now takes pride of place in the new practice's waiting room, after State Manager John Burns called for staff ideas for artwork when the was being refurbished for its opening in February this year.

Just about everyone is football mad in Victoria, especially at this time of year but John Douglas wears his heart on his sleeve or at least his car - in Richmond colours and personalised plate - and he has a tiger skin (complete with head) in his office. All they need to do now is to start winning!



KNOX HONOURS DEPARTMENT FOUNDER WITH NEW EMERGENCY FACILITIES

When Knox Private Hospital launched its new Emergency Department recently, visitors could not help but notice the portrait that had been given pride of place on one of the walls.

It was a painting of the department's founder, the late Professor Branko Cesnik keeping an eye on proceedings, as his family joined current staff and local dignitaries to officially launch the new ED facilities.

The current Emergency Department Director, Dr Raja Barua said

Professor Cesnik played a significant role in the hospital's history.

"Professor Cesnik was the founder of the ED; he started it about 22 years ago, when it was just a four patient emergency department, and he was a founder of the medical IT at Monash and one of the pioneers of medical IT in Australia," he said.

Dr Barua said that with the new ED facilities, they would be able to tend to patients faster, and with state of the art care.

"From the patients' point of view with a new waiting room and a six bed short stay means we can move patients a lot quicker and provide them with state of the art monitoring which we didn't have previously, so that's made life a lot easier.

"Having a mini theatre in the department where we can do procedures is the other thing, so that's made a huge impact.

"We're very excited and everyone's morale is boosted having a good facility to work in," he said.

At the new Knox Emergency Department are, L to R: Jenny Kent General Manager, Cr David Cooper Knox Mayor, Dr Raja Barua ED Director and Claire Creasy Nurse Unit Manager.



IN THE NEXT ISSUE OF

the Pulse

TOP MISS WORLD
AUSTRALIA WIN

JEWISH MENTAL
HEALTH

NEW MOVES IN
AUCKLAND PATHOLOGY

COPING WITH WAR
STRESS

WOMEN AT GREATER
RISK FROM SMOKING



Healthscope

street talk...

The media comes in for its fair share of criticism and at times, rightfully so for inaccurate or biased reporting. Journalists (and I have been one for many years) are regularly rated by the public on a trustworthy scale below the level of used car salesmen.

Having acknowledged that, journalists are often conveniently blamed for quoting an interviewee inaccurately or of twisting words to suit an argument.

That mainly happens when the subject of a news report changes their mind or gets into hot water for the things they said.

One case in point, comments attributed to the Secretary of the NSW Midwives Association Hannah Dahlen over midwifery practices and the level of interventions in private hospitals, which she disagreed with (see lead article in this edition).

In fact her comments insulted many midwives working in the private system and they told us so.

Conveniently, after strong letters of complaint to the Association about the comments, Dr Dahlen blamed the journalist Sharon Labi from the Sydney Sunday Telegraph claiming she had been misquoted in that story.

But journalists always keep notebook records of their interviews or even tape recordings, for accuracy and in cases like these, to recount exactly what was said and by whom.

Sharon Labi did exactly that and was able to not only recall that interview but exactly what was said and in what context.

An apology by Dr Dahlen would have been more appropriate.

Remember the Paul McCartney hit song, When I'm Sixty Four? When I first heard that many years ago I thought, now that's old!

But a new research study from the United States suggests many Americans don't think old age begins until they reach 68.

That was the age given by almost 3000 people aged over the age of 18, but here's the sting.

Older people around the age of 64 thought old age began at 70 while those surveyed below 30 thought old age begins before 60!

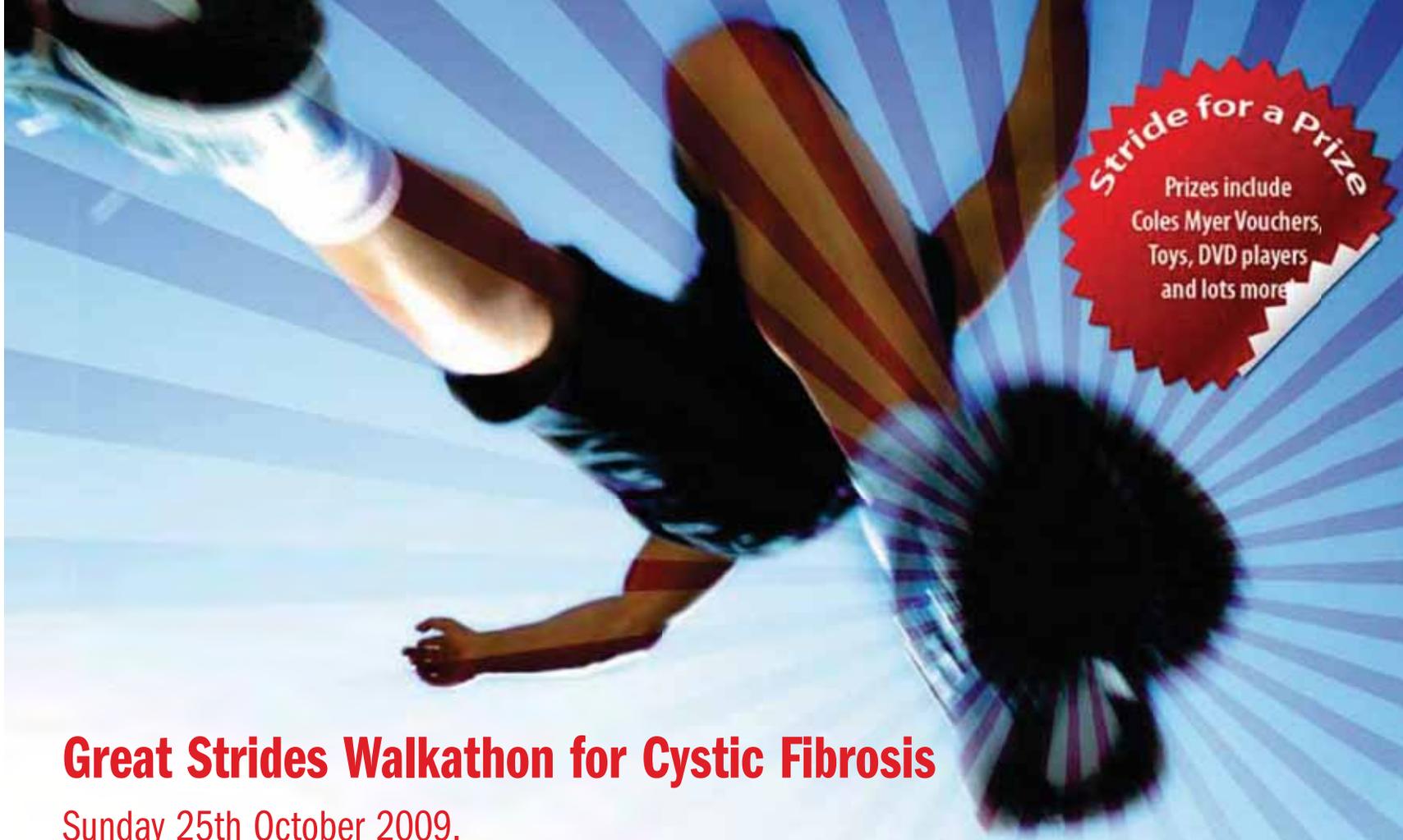
Make you feel older?

Such is life!

...Until next time

Russ Street





Stride for a Prize
Prizes include
Coles Myer Vouchers,
Toys, DVD players
and lots more!

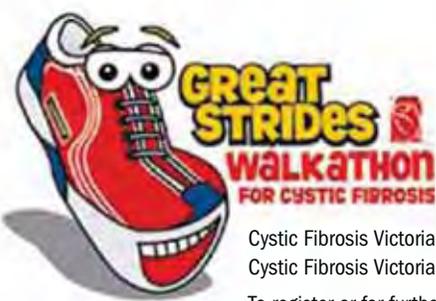
Great Strides Walkathon for Cystic Fibrosis

Sunday 25th October 2009,
Princes Park, Carlton at 10am

Route: 3km or 6km, or 6km Run

Sausage sizzles, music, entertainment and post-event
massages are all part of the festivities!

An ideal warm down for anyone participating on the Melbourne Marathon.



Cystic Fibrosis Victoria is the only support service provider for those living with cystic fibrosis throughout Victoria. All money raised from the day will go towards Cystic Fibrosis Victoria and remember donations over \$2 are tax deductible.

To register or for further information - contact Trevor Snelling on 03 96861811 or by email on tsnelling@cfv.com.au Website: www.cfv.org.au

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