Australia Day honours

Doctors on the Honour Roll

The medical community was well represented in this year’s Australia Day honours

Dr Timothy Mathew Awarded an AM (Member in the general division of the Order of Australia)

Improving Australia’s kidney health

Dr Timothy Mathew has witnessed a transformation in the way kidney disease is managed in the 50 years since he graduated from medical school. When he was a registrar at Royal Melbourne Hospital in the 1960s, kidney dialysis and transplantation were unheard of.

“I remember well patients dying of kidney failure and there was really nothing we could do. To have dialysis and transplantation was very exciting and transformed the treatment pathway for kidney disease”, he says.

Dr Mathew last month received an AM (member in the general division of the Order of Australia) for his services to medicine in the field of renal disease and transplantation through research and advocacy roles, and to Kidney Health Australia.

He is currently medical director for Kidney Health Australia, but spent most of his career as a clinical nephrologist in the public hospital system. He worked in the department of nephrology at Royal Melbourne Hospital and spent 25 years as director of the renal unit at Adelaide’s Queen Elizabeth Hospital.

“In the ’60s and ’70s transplantation had a 50% to 60% success rate. It’s particularly pleasing to have seen that increase to the point that it’s now at 90% to 95%”, he says.

Dr Mathew has had some impact on improving that success rate through his involvement in developing two agents to prevent kidney transplant rejection. He saw drugs go from initial Phase I studies in the laboratory, to large human trials in which he worked as principal investigator, to being used by clinicians to treat patients.

Dr Mathew has also held several administrative roles, including chairing the Adverse Drug Reactions Advisory Committee for 8 years and sitting on the Australian Drug Evaluation Committee.

“I had the desire to be more involved in the central control of these things, and had the belief that clinicians ought to be involved”, he says.

In the past 10 years, Dr Mathew says there has been a “major shift of emphasis” in the management of kidney disease, from a reactive to a more preventive approach, which has seen greater involvement from general practitioners.

Through his work with Kidney Health Australia he has enjoyed contributing towards educating GPs to better manage chronic kidney disease.

“It’s been very rewarding and I hope that it will have some impact.”

Dr Timothy Mathew

continued on page C2
continued from page C1

**Professor Kathryn North**  
*Awarded an AM (Member in the general division of the Order of Australia)*

**Genes for muscle performance**  
Neurogenetics researcher and clinician, Professor Kathryn North, is best known for her work on genes that improve muscle performance in elite athletes, but she hopes her discovery will also help pave the way for new therapies for inherited disorders like neurofibromatosis and muscular dystrophy.

In acknowledgment of her achievements in the field, Professor North has received an AM (Member in the general division of the Order of Australia) for service to medicine in the fields of neuromuscular and neurogenetics research, paediatrics and child health as a clinician and academic. She was also acknowledged for her service to national and international professional associations.

Professor North initially trained as a paediatrician, but says her interest in neuromuscular and neurogenetics research started while she was still a medical student.

“I was halfway through my undergraduate degree when I did a research year on the causes of birth defects. After that I became addicted to research and quite fascinated by both genetic and neurological disorders.”

As her career progressed, she opted to specialise in these areas. First, she trained in neurology and became particularly interested in the genetic disorder neurofibromatosis.

“I set up a clinic for neurofibromatosis and within 6 months I had over 200 patients. It’s a rare disorder, but there was just so much need,” she says.

“Professor North says she loves the mix of research and clinical work: “It’s the combination of clinical work with patients that keeps us focused on what’s important; the basic research helps us understand what’s going on and the clinical research drives better therapies. It’s a powerful approach to medical research”, she says.

“We’ve also been able to set up major national and international networks in both of the fields in which I’m involved and we’ve made major strides in Australia being considered an international leader in neuromuscular work.”

Although her work on genes and their influence on muscle performance of athletes has drawn the most international attention, her patients also stand to benefit, she says.

“I worked on discovering what makes muscle perform at its peak so that we can apply this knowledge to how it modifies disease.”

**Dr Kerry Moroney**  
*Awarded an OAM (Medal of the Order of Australia in the general division)*

**Four decades of rural service**  
When Dr Kerry Moroney arrived in Narrabri, a country town in north-west New South Wales, to practise as a GP anaesthetist, he figured he’d stay for about 5 years.

That was 42 years ago, and last month he received an OAM (Medal of the Order of Australia in the general division) for service to rural medicine, and to the community of Narrabri.

The move to Narrabri wasn’t the most obvious career choice initially, says Dr Moroney, who was born in Sydney, studied in Sydney and trained in Sydney.

“I became very interested in anaesthetics and I began my training as a specialist — and then it dawned on me that I’d been spending most of time with patients who are asleep — boring! I thought it would be better to become a GP so I could see people, and do anaesthetics at the same time.”

It was around this time, he says, that he spotted an advertisement in the *Medical Journal of Australia* for an anaesthetist in Narrabri.

Though he didn’t have a clue where Narrabri was, he had just bought a new car, and he had yet to run it in, as was customary back in the ‘60s.

A trip to Narrabri to check out this potential new post seemed as good a way as any, and the city-trained doctor soon found he loved the work he was able to do in the country.

Dr Moroney has also been very active in a number of professional and community groups including the Australian College of Rural and Remote Medicine and the Narrabri Rotary Club over the years.

Although the OAM recognises Dr Moroney’s service to the town, he says the town has also been very good to him, and the nomination was an especially touching gesture.

“It’s nice to feel wanted and to know that you are valued in the community. I’ve spent 42 years — my whole professional career — here, and this means that some people think that I’ve made a difference in that time.”

Amanda Bryan and Sophie McNamara

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I set up a clinic for neurofibromatosis and within 6 months I had over 200 patients. It’s considered a rare disorder, but there was just so much need.

“‘If I practised in the city, I wouldn’t be allowed to do obstetrics and anaesthetics as a GP,’ he says.

The move to Narrabri wasn’t the most obvious career choice initially, says Dr Moroney, who was born in Sydney, studied in Sydney and trained in Sydney.

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Amanda Bryan and Sophie McNamara
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### Locum GP Positions

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With a focus on nutrition, Dr Ian Darnton-Hill has held senior advisory roles with the World Health Organization, UNICEF and Helen Keller International, among many other organisations.

Last month, his efforts were recognised when he was awarded an AO (Officer in the general division of the Order of Australia) for his distinguished service to the international community, particularly in the areas of public health and nutrition, disease prevention and health promotion, and as a physician, academic and educator.

“The award is recognition that Australians can have a career in international health and that it will be seen as a valid career path, which certainly wasn’t the case when I was a student”, says Dr Darnton-Hill.

Dr Darnton-Hill says he became involved in international public health “quite by chance”, when he put his name down on a noticeboard for an exchange program to Indonesia while he was studying medicine at the University of Adelaide.

“Before then, I thought Adelaide was the centre of everything, but I soon realised that wasn’t the case”, he says.

After meeting an Indonesian child who was blind due to vitamin A deficiency he realised the potential impact of nutrition on health outcomes.

“It was such a little thing, and so cheap to fix. I think that’s when I became particularly interested in nutrition.”

He later went on to help many children who were in the same predicament when he became Bangladesh country director for Helen Keller International’s blindness and vitamin A deficiency program.

He also worked as a lead technical consultant in vitamin A for the WHO.

Dr Darnton-Hill singles out a stint with the WHO from 1990 to 1995 as one of the highlights of his career. As regional adviser in nutrition for the Western Pacific region, he helped countries in the region develop their first national nutrition plans.

“It was really exciting and interesting. It was the first time that public health nutrition was on the agenda of the WHO”, he says.

In 2001, he undertook a senior global health leadership fellowship with the WHO in Geneva, focusing on non-communicable diseases, and later worked for 5 years as a UNICEF global adviser on micronutrient nutrition.

When Dr Darnton-Hill retired from UNICEF, he was asked by Ann Veneman, then executive director of UNICEF, to return for a year to head an interagency taskforce on global nutrition based at the United Nations World Food Programme in Rome.

The taskforce worked to accelerate progress towards the first Millennium Development Goal, which aims to eradicate extreme poverty and hunger.

Although Dr Darnton-Hill has retired from his work with UN agencies, he continues to have a busy professional life, which sees him split his time between Sydney and New York.

He is currently adjunct professor at the Boden Institute of Obesity, Nutrition, Exercise and Eating Disorders at the University of Sydney, as well as an adjunct professor at Tufts University in the United States.

He says his award affirms the importance of Australia’s international aid contribution but adds that there is more work to be done.

“Australia should be doing even more in terms of our neighbours”, Dr Darnton-Hill says.

Interview by Sophie McNamara
Money and practice

Should you advertise your medical practice?

Marketing your practice can cost tens of thousands of dollars. Is it money well spent?

Marketing and advertising in the medical profession have been undergoing a transformation in the past 15 years. Until the late 1990s, medical practitioners were subject to tight restrictions, which meant they could do little more than advertise their address and opening hours. Any attempt to advertise special skills or services could result in a breach of the medical practice act in most states.

Today, medical practitioners use a variety of media to market and advertise their services to attract patients and referrals. But it is far from a free-for-all. Restrictions still apply (see box, below) and doctors who overstep the mark can face the ultimate penalty of deregistration, as well as fines of up to $500 000 for individual doctors and penalties as high as $10 million for companies.

In the past 5–10 years websites have become the dominant marketing and advertising medium for medical practitioners, resulting in a major change in the way many patients access information (see box, page C7).

Practices can pay tens of thousands of dollars for a professional marketing campaign and associated advertising, including the development of websites. But is it money well spent?

Word-of-mouth

According to marketing academics, doctors are better off perfecting their service delivery rather than spending money on ad campaigns.

Simon Bell, professor of marketing at the University of Melbourne, says that because advertising and marketing by medical practitioners is regulated, the most effective way to drive patient traffic is word-of-mouth. “It is service quality that drives patient satisfaction, which leads to word-of-mouth referrals. Patient-to-patient referrals are the best form of advertising”, Professor Bell says.

The first question a doctor should ask is “what is the point of advertising?”, says Julian Vieceli, senior lecturer in marketing at Swinburne University, Melbourne.

Dr Vieceli says that instead of spending money on ads, finding ways to generate positive word-of-mouth referrals from both patients and colleagues is still recognised as the most effective medium for doctors who want to market themselves. He agrees with Professor Bell that service delivery and the attitude of the doctor and staff...
Most people can’t judge if the quality of clinical care offered is good, so it is the peripheral things that become important”, Dr Vieceli says.

**Too much promotion?**

There is also the risk of creating a negative impression by advertising. “The medical profession is held in different regard to most other professions, so when they advertise people wonder why”, he says. Too much promotion can make patients suspicious.

Professor Bell says that spending $100 000 on advertising will not work anyway if the medical practice ignores patients or is dismissive of their concerns.

“Most people can’t judge if the quality of clinical care offered is good, so it is the peripheral things that become important”, Dr Vieceli says.

**Marketing online**

DR Neville Steer says there are good reasons for medical practices to provide information to potential patients, especially when a framework exists that clearly outlines what doctors can and can’t say.

Dr Steer, a GP in Victoria and member of the Royal Australian College of General Practitioners’ national standing committee on GP advocacy and support, says providing information about changes at a practice, such as new doctors or services, and disseminating important details about community health risks, are legitimate reasons for doctors to advertise.

“If the information provided is honest and does not include testimonials or comparisons with other doctors, then I can’t see a problem”, he says. “But if a doctor claims to be the leading brain surgeon in Victoria, well that is going too far.”

Websites have rapidly become the most common form of advertising and marketing in the medical profession, Dr Steer says.

“Many specialists now have their own websites where they market directly to patients”, Dr Steer says. The result is that in the past 5–6 years the number of patients asking GPs for direct referrals to particular specialists has grown. “Often requests are inappropriate, such as a dermatologist referral for routine skin checks or a gynaecologist for routine Pap tests in low-risk patients.”

“Some patients ignore the intellectual input of the GP and come to us only because under Medicare they need a referral to be eligible for a rebate”, Dr Steer says.

Dr Sara Bird, of MDA National, says although she does not have definite figures, there has been a noticeable increase in enquiries from doctors about their rights and obligations regarding the use of websites.

Professor Bell says service quality comprises five key elements:

1. **Reliability**, which for doctors means providing efficient and effective diagnoses
2. **Responsiveness**, which means seeing patients on time
3. **Assurance**, which involves a doctor’s expertise and ability to generate trust
4. **Empathy**
5. **Tangibles**, which cover the physical aspects of a practice such as cleanliness, facilities and the practice environment

Kath Ryan
Dr Jennie Connaughton says she was a disillusioned medical student when she took a year off to travel. Armed with a backpack, a passport, and good intentions to do “something useful somewhere”, she wound up in Kolkata (Calcutta), India, where she lent an extra pair of hands to help malnourished children.

These days Dr Connaughton — now an established GP in WA — is lending her support to the same cause in a very different way. She’s founded CINI Australia (http://www.ciniaustralia.org), a new arm of the Child In Need Institute, India (CINI), the charitable organisation that helped her gain a new perspective on medicine 37 years ago.

Back then, she says, she spent most of her days in Kolkata feeding children, carting water and helping in the day care centre. These days, her mission with CINI Australia is to raise funds and ensure more Australians know about the organisation’s remarkable work.

Dr Connaughton says she’s remained loyal to CINI because of the organisation’s proven credentials in creating lasting change in the lives of very disadvantaged women and their families. “I was only 20 with no clinical skills but I was really moved by what was happening. It was not only about feeding the children here and now, it was about giving people the skills to improve their own life in a way that would carry through to the next generation”, she says.

While the organisation was in its infancy back then, it now employs 500 local people using the same philosophy of empowering local communities.

CINI was founded by a Bengali paediatrician, Dr Chaudhuri, and an Australian nun and nutritionist, Sister Pauline Prince. They knew that the key to lasting change lay in educating the women in the community. They began by training seven young local mothers as health workers.

“I saw these young people with little education become teachers and health workers for their community. They were immunising, diagnosing simple illnesses like worms and diarrhoea and prescribing treatment. I saw that with the right education and motivation, people with few skills can do a great job, and I was profoundly affected by this — the compassion, fun and simplicity and power of it.”

She says this lesson also translates to her practice as a GP in Australia. “For me it’s about the condition belonging to the person. Rather than me just providing them with a prescription, we tackle the problem in partnership”.

Dr Connaughton says she finds this approach especially effective in patients with chronic conditions like hypertension, diabetes and heart disease. “It can really help if the patient understands their illness because then they can help to figure out what role they can play in easing it. That way, as they get better the patient knows it is through their participation.”

Dr Connaughton says her experiences with CINI have also helped with the short-term locum work she does in rural and remote Australia. “It taught me that our Western point of view is just one point of view. It’s about respecting a different point of view — in fact, this understanding alone has had a huge influence on my career.”

Dr Connaughton has established CINI Australia to help drum up Australian support for specific CINI programs to help rural mothers from early pregnancy until their child is aged 2, and to educate children in urban slums.

“Initially it’s about fundraising. I’ve seen firsthand how a really small amount of money can support something very significant in a way that has a lasting effect”, she says. For instance, it costs just $1.40 annually per patient to roll out CINI’s community programs and Dr Connaughton’s target is to support about 40 000 people.

So far, CINI Australia has sent $28 000 to India, with plans to send a further $30-40 000 by June this year.

She says that although the CINI Australia side of her work is taxing, she has lots of support from family and friends. Her locum work also helps to sustain her. “When I’m out there surrounded by the Australian landscape, I feel as if I’m the luckiest person on earth. Remote work is food for my soul.”

She says her two passions, CINI and remote locum work, do contrast, but they have fundamental similarities.

“They are both about people who live in great difficulty and who don’t have the material and financial abundance that we consider normal. Neither group has a lot of power in the bigger system of the country they live in. I see it now as my job to share what I know in a way that’s most useful to those people.”

Amanda Bryan
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AMA Guides Sixth Impairment Training Workbook Series - Spine

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Saint John of God Hospital, registered with the Mental Health Commission, is an independent 183 bed acute psychiatric teaching hospital and one of the leading European providers of mental healthcare treatment services. The Hospital currently provides generic and specialist inpatient services for adults with psychotic disorders, eating disorders, addictions, psychiatry of later life, specialist adolescent inpatient assessment and treatment. It is affiliated with University College Dublin as a teaching hospital of UCD’s School of Medicine and also for undergraduate and postgraduate education. In addition, the Postgraduate Medical Training scheme in Psychiatry is fully accredited by the College of Psychiatry of Ireland.

Saint Joseph’s Centre, a 60-bed facility registered with HIQA, provides a specialist service for people with advancing dementia conditions, providing residential long-term care, respite care day care and outreach programmes.

This is an exciting time to be working in Saint John of God Hospital and St Joseph’s Centre as both services are in the process of progressing their respective strategic development plans.

Applications are now sought for the position of:

**Clinical Director**

Reporting to the Chief Executive, the Clinical Director will be responsible for:

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**Qualifications for the position:**

a) Membership of the Royal College of Psychiatrists, the MRCPsych in Psychiatry and/or equivalent

b) At least seven years of satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, including not less than five years satisfactory experience in psychiatry

c) Registration, or eligibility for registration, with the Medical Council of Ireland; Specialist Register in Psychiatry and enrolment with the College of Psychiatry in Ireland for on-going professional competence

d) Preferably a management qualification

Please write in strictest confidence enclosing a Curriculum Vitae and saying how you meet the above requirements to:

Mr John Pepper, Director of Human Resources, Provincial Administration, Stillorgan, Co. Dublin or email john.pepper@sjog.ie

Closing Date: Friday 16 March 2012  [www.sjoghosp.ie](http://www.sjoghosp.ie)  [www.sjog.ie](http://www.sjog.ie)

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After Hours
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Contact Details
Anne Van Den Berg
Practice Manager, Lloyds Northside Clinic
Email: luanmky@bigpond.net.au
Phone: 07 4942 9910
Mobile: 0410 696 157

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Oral and Maxillofacial Surgery Training Program
Surgical Training Posts in Oral and Maxillofacial Surgery in Australia and New Zealand are accredited by the Royal Australasian College of Dental Surgeons as posts leading to Fellowship. Determination of eligibility for these posts, commencing 2011, is made on an Australia and New Zealand-wide basis by the RACDS.
Application forms and guidance for potential applicants are available from the Registrar, RACDS, Lev 13, 37 York Street, Sydney NSW 2000, Australia; tel: +61(0)2 9262 6044; fax: +61(0)2 9262 1974; or email: racs@racds.org. It must be noted that an interview in Sydney will be required for shortlisted applicants. Applications must be received by 9 April 2010.
Separate applications will be necessary to the relevant employing authority for accredited positions which are available for 2011. This may involve responding to advertisements placed by employing authorities.

General Physician
Ref: DJH105/12
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Must be a Fellow of The Royal Australasian College of Physicians. • A particular interest in respiratory medicine would be well regarded. • Must be willing to undertake at least two consulting sessions per month. The position will be available from the end of April.

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For further information please contact:
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The opportunity clearly exists for expansion of sub-speciality interests within the offered Practice, but its present scope is wide and the referring G.P. base expects willingness from the Consultant to accept a similar breadth of referrals.

Monetary arrangements would be simple and not onerous. The Principal’s main interest is in preservation of a well-regarded, efficient Practice.

Interested surgeons are invited to email brief particulars to: vonledeber@hotmail.com.au. The Principal and the Practice Manager will provide details, to genuine inquirers.

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Many Australian medical students and doctors have spent time training and working in resource-poor settings. These experiences can be challenging, humbling and vastly enriching, as the practice of medicine is placed in a global context.

Doctors working in the longer term in these regions are poorly represented in the academic literature, leaving a void and creating a distancing effect — health inequity is viewed as a series of statistics whose population remains invisible.

With the establishment of a growing number of university and community-based global health organisations over the past decade, however, doctors and academics are finally starting to realise that their hard work, leadership and activism can change the world.

The MJA has a strong commitment to health equity both in Australia and abroad. As an extension of this, and in partnership with MDA National and the Nossal Institute for Global Health, we are delighted to announce a new writing competition, the MJA, MDA National, Nossal Global Health Prize.

This is an international competition, open to medical students and practising and retired doctors from anywhere in the world who are working in, or have worked in, a resource-poor setting.

In an essay of no more than 1200 words, you should use a story or example from your experience of working in a resource-poor setting to illuminate a topic of global health importance. Minimal referencing is required, and the style should be narrative, rather than academic. Include images or photographs if they are appropriate.

The theme for 2012 is “Health and medical challenges in resource-poor settings”.

The competition will be judged in two categories:
1 Medical students.
2 Medical practitioners.

The deadline for submission is Friday 4 May 2012.

Submissions: via email to: 
globalhealthcompetition@mja.com.au

The winner in each category will receive

a Public Health Leadership course at the Nossal Institute for Global Health
valued at $3000.00 (http://www.ni.unimelb.edu.au/disease_prevention__and__health_promotion/public_health_leadership)

and a $1000.00 Visa Prepaid Gift Card from MDA National to be used for travel expenses incurred to receive your prize.

The student prize will be presented at the annual Australian Medical Students’ Association Global Health Conference and the practitioner prize will be presented at the annual Nossal Institute Global Health Forum.

The winning essays will be published in the Medical Journal of Australia. Outstanding runner-up essays may also be published.