

NEWS

ACMAV

Newsletter of the
Australian Chinese Medical
Association (Victoria) Inc.

April, 2003

CHFA and ACMAV— A New Coalition Force!



ACMAV members may know there has been increasing dialogue between the ACMAV and the Chinese Health Foundation of Australia (CHFA) in the last year.

The two organisations are different in their structure and composition, however, in recognition that there is much common ground and scope for joint activities for health promotion in the Chinese community, the following joint declaration was adopted by the executives of the ACMAV and CHFA earlier this year:

“The Australian Chinese Medical Association (Victoria) (ACMAV) is a professional organisation for doctors of ethnic Chinese origin, whereas the Chinese Health Foundation of Australia (CHFA) is a community based organisation formed to promote health within the Chinese community.

The ACMAV and CHFA in a spirit of mutual respect pledge to:

1. Consult with each other in health matters related to the Chinese community.
2. Seek opportunities for collaboration and cooperation in health promotion and education within the Chinese community.



3. Nurture closer links through joint activities.”

Already, joint activities such as Community Health Seminars for the elderly Chinese, utilising the complementary expertise of both organisations, have been successful ventures for the benefit of the community.

The **Breathe Easy Chinese Project** is a Commonwealth funded CHFA project to translate Asthma Action Plans and the 3+Asthma Plan into Chinese for the benefit of non-English speaking patients. This project will be launched on Thursday 8th May by Health Minister the Honorable Senator Kay Patterson. The event will start at 5.30 pm at King Bo Restaurant at the corner of Little Bourke and Russell Streets. All ACMAV doctors are invited and are encouraged to attend this event as this will help our Chinese patients in managing their asthma. The invitation can be found on page 8 of this newsletter, and RSVP is to the CHFA on 9898 4377.

I hope this event will be supported and attended by many ACMAV members. Together with existing and future projects, it will play a part in consolidating the collaborative effort between the ACMAV and CHFA as we work towards promoting health issues within the Chinese community.

*Dr Frank Thien
ACMAV Committee member
and CHFA Vice-President*

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All ACMAV Inc. members are welcome to contribute to this newsletter. Please direct all newsletter items to Jun Yang or to ACMA House.

NEXT ISSUE

June 2003

DEADLINE

May 2003

Editor's Corner

Ever since March 20th, when President Bush announced that the "Coalition of the Willing" would militarily disarm Iraq, we have had to confront daily images of the war and its consequences. It is deeply disconcerting, especially for us health practitioners, whose role is to advocate health, and peace. We can only hope for a speedy end to the present conflict in Iraq with minimum injuries and casualties on all sides.

In addition to the war, we are also alerted daily to the growing epidemic of SARS. I hope none of our members, or their families overseas, had encounters with this mysterious virus.

Aside from keeping up to date with all these news, I hope you've also had the opportunity to keep up with ACMAV events. The recent education symposium on breast cancer was well received by all members, with many thanks

and congratulations to the "Expert Panel" and our skillful moderator.

There are invitations to the "Breath Easy Project" and the combined education seminar (with Vietnamese Australian Medical Association) in this newsletter. In addition, there are ongoing community activities that require volunteers, so let us know if you'd like to be involved!

Jun Y.

**Reply to Konfucius**

Dear Konfucius,

With due respect to your timeless wisdom I wish to challenge some of the views expressed in your articles, although I agree in principle with most of your opinions.

1. There are difficulties in charging fees in a predominantly working class suburb.

2. It is possible to practice good medicine with bulk billing by spending time and using item 36. In theory a VR/GP can see three patients per hour making

an hourly rate of \$142.80 which comes to \$5712 for a 40 hour week. This will fulfill the two objectives that you proposed, ie. good medicine and good income.

Good health and long life,

James Khong

Calendar of Events

Date	Event	Venue
May 1st (Thur)	Update Seminar - Nutritional Medicine	ACMA House
May 3rd/4th (Sat/Sun)	Careers In Medicine Seminar	ACMA House
May 30th (Fri)	Education Seminar - Stroke Prevention & MRI	King Bo Restaurant
June	Update Seminar - Molecular Biology	TBA
October 18th (Sat)	Social Program for Annual Conference	Imax and Museum (to be confirmed)
October 19th (Sun)	Annual Scientific Conference	Sofitel Hotel
November 28th (Fri)	Annual General Meeting of ACMAV	TBA



From the Secretary

Regulation of the Practice of Chinese Medicine

Dear Members,

We have received a discussion paper on the regulation of the practice of Chinese medicine and its application to Medical Practitioners. In 2002, the Medical Practitioners Board of Victoria (MPBV) established a Chinese Medicine Regulation Working Party to:

- Consider the implications for the MPBV of s9B of the Medical Practice Act 1994 (Vic), which relates to the endorsement of the registration of medical practitioner's practising Chinese medicine.

- Develop and implement the process for determining the standards of training and experience sufficient to satisfy the Board that a practitioner's application for endorsement under s9B should be approved.
- Make recommendations to the Board regarding standards mentioned above and the implementation of the process of endorsement.

The Working Party has made their recommendations, which have been approved by the Board. The MPBV is seeking your

feedback on the various recommendations.

I have already sent a copy of the discussion paper to members with an interest in Acupuncture, identified from our database. If you have a special interest in Chinese Medicine and have not received a copy, please contact Isobel on 9899 6380 or email me on: secretary@acma.net.au. A copy of the discussion paper can then be sent out to you. Comments should be submitted in writing by Friday, 2nd May 2003.

Min Li Chong
Honorary Secretary



Arrival of Qi

The latest *Qi* magazine is hot off the press and available to all ACMAV members.

Qi continues to occupy an important place in the ACMAV. Past editions allow us to reflect on our brief history, while the magazine is also a means of introducing the association to future members. And in the same way that the ACMAV is growing in

its activities, so too is our annual journal increasing in its content range. I am glad to see that more and more members are contributing to this publication or being profiled in both *Qi* and the Newsletter. Hopefully this will mean fewer unfamiliar faces and more friendly and familiar colleagues to greet at our social functions.

It is important that the

quality of *Qi* is maintained, and this can only happen with the support of our members. I would encourage you all to consider contributing to our magazine.

Should members require further copies to distribute to non-member colleagues, please contact Isobel at the ACMAV office.

Adrian Mar
Editor, *Qi*



Multicultural Festival - Your Help Needed

This year the ACMAV will be participating in a large multicultural festival to be held in Federation Square on Sunday 4th May 2003. The event, held annually on Buddha's Day by the Buddha's Light International Association of Victoria, is organised to cultivate harmony within our multicultural society and promote well-being and community spirit. The ACMAV will be providing blood pressure checks and BMI measurements to any members of the general public who visit our booth. Other participants invited include Quit (VicHealth), Gambler's Help and drug & alcohol and anticancer services. Entertainment will be provided by the MSO, Vic Police Pipe Band and cultural groups, while art and craft stores, meditation and tea ceremony demonstrations and food stores will keep others occupied. Join in the festivities!

Volunteers are still required. Please contact me at adrian_mar@hotmail.com for further details.



Letters to the Editor

An Issue of Liability

Dear Editor,

At the very successful educational symposium on breast cancer, the moderator raised the question as to whether doctors are liable to ensure that patients return for review to discuss the results of investigation.

A decision of the Supreme Court of South Australia confirms that doctors have a responsibility to ensure follow-up of tests ordered and should have a checking system in place.

The decision in *Kite & Anor vs Malycha* (1998) 7602 SASC confirms the increase in doctors' obligations.

The plaintiff sued the defendant (a breast cancer specialist) for failing to diagnose and treat a malignant tumour in the axillary tail of her left breast. In December 1994, the surgeon performed FNA upon the plaintiff in his rooms. He reported this in his letter to the referring doctor but suggested the lump

appeared to be hidradenitis (inflamed sweat gland). The cytology report states that the cellular features were highly suspicious of underlying carcinoma. The report was faxed and a hard copy delivered by courier yet the surgeon claimed it never arrived. The patient was asked to ring for the results but did not do so, nor did she attend an arranged follow up appointment. She returned in Sept 1995, as the lump had grown large. The tumour was surgically removed and found to be carcinoma of the breast.

The plaintiff was awarded \$517,600 damages.

Issues of contributory negligence of the patient (failing to ring for the results and non-attendance of the arranged appointment) were rejected.

The Court did not accept that the doctor's liability should be reduced because of the patient's own negligence in failing to follow up matters herself.

The Court extended the principles of informed consent, holding doctors to be responsible to fully inform patients of all risks and consequences of taking actions and in this case of failing to take actions.

According to Professor Skene: "*although the law will not usually impose a duty to take action it may do so if there is a pre-existing relationship between the parties and there is a risk of foreseeable harm if the doctor fails to act*".

We hope to invite Professor Skene from the University of Melbourne's Law School to participate in our Annual Scientific Conference on October 19th, for further discussion on the issue of liability.

Kevin Siu
Vice-President

References:

L. Skene : Law and Medical Practice (Butterworth) Journal of Law and Medicine Feb 1999.
RACS Bulletin March 1999.

Inspirational Breast Cancer Symposium!

Dear Editor,

Having cancelled my trip to China/HK due to the SARS epidemic, I was pleased to have attended instead, the recent ACMAV seminar (March 26th) on breast cancer at Shark Fin House.

Whoever conceived the idea for that evening's fo-

rum must have been particularly inspired: nothing quite like rounding up some specialists to pit them - I mean, to have them discuss a real case with all the variables and mitigating factors that influence management.

Going through the thought processes that ultimately decide what happens to the patient. I was pleased espe-

cially to hear Meron Pitcher's views on the subject, knowing her expertise in this area and having been privy to her tutorials as a medical student.

Look forward to more evenings conducted under this format...

Deborah Cheung



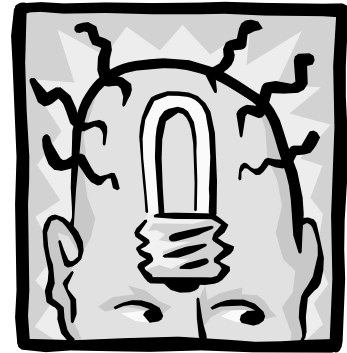
ACMAV Invites you to:

Joint ACMAV & VAMA* Education Seminar

Speakers: Dr Bernard Yan on "Stroke Prevention"
Dr Paul Lau on "MRI & Applications"

Sponsors: Servier Laboratories
Future Medical Imaging Group

Date: Friday, May 30th, 2003
Time: 6.30pm for 7.00pm start
Venue: King Bo Restaurant
196 -208 Russell St, Cnr Lt Bourke St



Please RSVP by Monday, May 26th (incl. payment if applicable) to:
ACMA House, 862A Canterbury Rd, Box Hill South 3128, or
Fax: 9899-6389 (please dial carefully)

Full name _____	Cheque No _____
Tel No _____	Or
	Full name on Credit Card _____
Guest Numbers:	
Members Free _____	Credit Card No _____
Associate member \$25 _____	_____
Non-member \$50 _____	Expiry Date ___/___
Total amount enclosed _____	Please circle: Mastercard / Visa / Bankcard

*VAMA is the Vietnamese Australian Medical Association.
For budgeting purposes, please inform the secretary if you are unable to attend after RSVP. Thank you.

Website Membership Directory - Please Enter your Details and Fax to 9899-6389

Title _____	Surname _____	First name _____
Main Practice Address _____		
Practice Phone No _____		Fax No _____
Specialty _____		(Consultant/ HMO/ Student/ Retired)
Special Interests _____		
Chinese dialects spoken _____		
Home Address _____		
Home Phone No _____		Fax No _____
Email Address _____		Mobile No _____

NB: Home details will be for ACMAV Office use only.

Tick this box if you only wish to be printed in our member's directory, and NOT on the website.

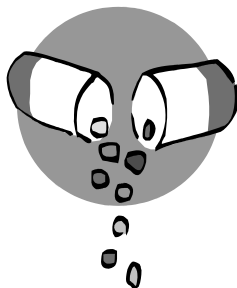




Feature Article

Iatrogenesis

By Dr James Khong



Iatros is the Greek word for “doctor” or “physician”; genesis is for “the origin”. Iatrogenesis refers to complications resulting in morbidity and mortality caused by doctors, nurses and hi-tech medicine. With the development of more powerful and potent drugs, and growth in investigative and therapeutic technology, iatrogenesis is becoming a growing problem.

It is appropriate to revisit Hippocrates to remind us of our duties: “a physician must comfort always, relieve pain often, cure sometimes but above all do no harm”. “Do no harm” is often forgotten in an era of quick fix, fast lane and high tech medicine. The statistics is alarming. Over 100,000 patients are admitted to hospitals every year because of wrong prescriptions or adverse effects of drugs. A Federal Government study released in 1995 estimated that medical mistakes caused or contributed to 18,000 patient deaths a year and 50,000 cases of permanent disability. At least 135,000 people had

died from preventable adverse events in Australian hospitals since that warning.

In the good old days, hospitals were regarded as safe places you were sent to get better, recover and return home. Sadly nowadays, some will get worse and some will die in hospitals from iatrogenesis.

Take antibiotics for example. Over prescriptions of antibiotics has led to increasing bacterial resistance and the emergence of super bugs. This is a real paradox. People used to die from infections because there were no antibiotics; they are now dying because there are too many antibiotics.

The overuse and abuse of antibiotics (and other drugs) is just one of the problems of modern medicine. Who is to blame? The health system, the drug companies, the doctors or the patients? One could write a *PhD* thesis on this issue. Whoever you would like to blame, I believe that ultimately it is the doctor who is in the driver's seat. Doc-

tors often assume wrongly that all patients expect a prescription. Regularly I see patients who have seen another doctor on the same day, and have been given a prescription that they are not sure if they need. Some have even torn the prescription before they consulted me. They come to me looking for natural alternatives and lifestyle changes.

I guess we are all influenced by our own experiences with patients. In my case, the patients have taught me not to be too dependent on prescription. Two examples illustrate my point. I saw a patient on a Friday, and she had clinical cystitis. I sent a MSU for culture and gave advice on some natural therapies. The result came back on the Monday, which showed an E. Coli infection. I could not contact the patient until the next day, at which time I told her she needed to buy some antibiotics. By this time her cystitis had settled. Just to reassure myself I asked her for another MSU specimen and the result came

“Over 100,000 patients are admitted to hospitals every year because of wrong prescriptions or adverse effects of drugs.”



back clear. On another occasion, I saw a young woman with cellulitis of her leg. This was a clear cut case that required treatment with flucloxacillin. Unfortunately, she could not tolerate antibiotics and preferred not to have this treatment. She felt terrible with any antibiotics and often developed severe thrush with them. She also refused to go to a hospital. Reluctantly I managed her on the condition that she would be reviewed by me every day. With a cocktail of natural immune boosters, she recovered.

From a personal level I am pleased to say that my two daughters aged 6 and 8 years have not had a single dose of antibiotics. These and other examples illustrate that antibiotics are not the only answer. I am not advocating that antibiotics should not be used, I am simply questioning the frequency of its use.

As doctors we need to overcome the fear of not prescribing. A high percentage of conditions that present to the gen-

eral practice will probably resolve without any prescription drugs. Reducing the use of antibiotics and other drugs will reduce cost and side effects. This would please Senator Kay Patterson, the minister for health, and all the academics who have been warning doctors about bacterial resistance for the last twenty years. It should also reduce the number of hospital admissions due to adverse drug reactions.

How safe are hospitals today? Tragically mistakes are made on a regular basis. Wrong drugs, wrong doses, wrong diagnosis, wrong operations, surgical instruments left in patients after operations, ineffective sterilization of instruments, contaminated blood transfusions, incompatible blood transfusions, doctors and nurses under the influence of drugs while on duty. Each year 18,000 patients die in hospitals because of iatrogenesis. Frightening? Of course it is frightening. But what to me is even more frightening is the general complacency that exists in the hospi-

tal system. Each tragic event is either denied, covered up or toned down by clever spin-doctors. In 2001- 2002, at one major public hospital, there were 40 cases of drug overdosing in patients and 32 cases where patients were given the wrong drugs. Another major hospital recorded 1049 incidents in 2002. As usual the response from the guilty hospital was predictable. *"Most medication errors were trivial, a miscalculation"*. Hospitals are not necessarily safe places.

Iatrogenesis is not a myth, it is a reality. But it is not inevitable, it is avoidable. It is up to each doctor practicing privately or in the hospital system to reduce the incidence of iatrogenesis. If we don't, the disillusion with modern medicine and the hospital system will only grow. Don't let the prophecy of Ivan Illich *"Modern medicine is a health hazard"* become a reality.



"Don't let ... 'Modern medicine is a health hazard' become a reality."



*The Chinese Health Foundation of Australia
proudly invites you to the launch of the*

Breathe Easy Chinese Project

An innovative Asthma Grant Project,
funded by the Commonwealth Department of Health & Ageing

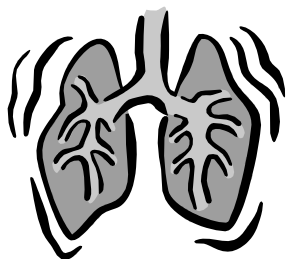
On Thursday, May 8th, 2003; 5.30 - 9.30 PM

At King Bo Restaurant, Cnr Little Bourke & Russell St

The Honorable **Kay Patterson**, Commonwealth Minister for Health will be launching the "Breath Easy Chinese Project" which includes the Chinese translation of the 3+ Asthma Plan and information brochure as well as the directory of Chinese speaking pharmacists in Melbourne.

Drinks and cocktails will be offered from 5.30 - 6.45 PM. The official launch will take place from 6.45 - 7.30 PM, followed by dinner.

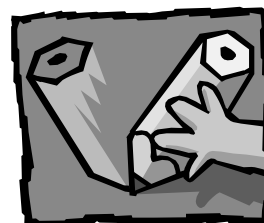
We hope to have the pleasure of your company on the evening.



*Please RSVP by Thursday, April 24th, to:
Chinese Health Foundation (CHFA),
PO Box 1125, Box Hill 3128
Phone: 9898-4377 Fax: 9898-9277
Email: chinesehealth@chfa.org.au*

Tick a box - Register your interest in ACMAV activities!

Name
Phone No.....
Email.....
Area of Specialty.....



- I am interested in attending Chinese Medical Terminology Classes.
- I would like to give a health talk to the elderly Chinese, on a Wednesday of my choice.
- I can contribute a health article (in English) for the Chinese Melbourne Times newspaper.
- I am able to assist with the translation of English health brochures into Chinese.

Fax me to ACMA House: 9899-6389



New Doc on the Bloc ...

Dr Judith Goh

What do you specialise in?

I'm a gynaecologist, specialising in urogynaecology.

Where do you practice?

I'm currently working at the Royal Women's and rooms at Suite D, Level 10, Frances Perry House.

Where and when did you train?

I graduated from the University of Queensland in 1986 and received my FRANZCOG in 1996. I trained in Queensland and worked there until January 2000.

What have you enjoyed the most about your training?

Working in different towns in Queensland, and being able to travel and go overseas as part of the training. And, knowing that there is always an end to a pregnancy!!

What are your special interests, medically speaking?

I am especially interested in vaginal fistulas and have worked quite a bit in East Africa to repair obstetric vaginal fistulas. (Editor's note: Read "The Hospital by the River", an inspiring autobiography written by Dr Catherine Hamlin, to learn more about one of the hospitals Judith has worked in. Judith appeared in the book too, on page 254!)

What are the highlights of your career so far?

Being able to go to developing countries to assist. I have spent about 18 months in East Africa, mainly repairing vaginal fistulas in women who had prolonged childbirth. These women are often young girls (because of early marriage) who become neglected by their husbands and shunned by society after they develop fistulas (because urine and faeces run down their legs through the vagina). By repairing their fistulas, these women can be reintegrated back into society and remarry.

What are the lowlights?

Bad obstetric outcomes are usually the low point even though many are inevitable or unexplained.

Having a car breakdown at night in the middle of Africa was very frightening especially when I was one of two foreigners around, and earlier that day I had had to manage someone who was robbed and stabbed the night before!

What are your interests outside of medicine?

I enjoy a bit of fishing and golf (must confess that I actually "hack" and the ball never goes where I imagine it should!).



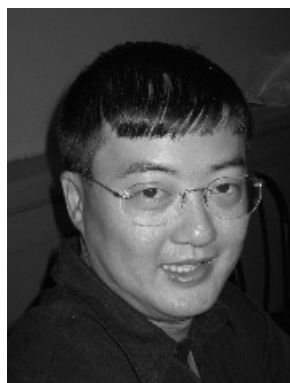
Editor's Note:

This section aims to introduce GPs and specialists amongst our members who are new to Melbourne or new in their profession.

To contribute to this column, simply send your answers to the questions listed to ACMA House, or email them to the Editor. Don't forget to send in a photo ... emailed digital photo preferred.



Getting to Know ...



Dr James Chan

Occupational Medicine Physician

Which country were you born in? What language/s do you speak?

Sydney, Australia. I speak English, but understand a little bit of Cantonese.

What is your most memorable encounter with a patient?

Diagnosing Cold Agglutinin Disease in Outpatients as a second year RMO. The Professor had missed it! The patient was pleased as she had been visiting outpatients for the past two years.

What would you be doing now, career-wise, if not a doctor?

Being paid to be a travel consultant, planning holidays for the big tour groups.

Who is your role model? And who would you most like to meet?

There is no specific role model. I just try to do my best each day. I would have liked to meet Albert Einstein. I think he'd be an interesting person to have a conversation with.

Which country would you most like to visit?

I'd like to tour China one day, from a heritage viewpoint. From a nature viewpoint, I'd go to Brazil, for the Amazon.

What do you consider to be your biggest adventure?

Hang gliding off the "Remarkables" near Queenstown, NZ. I had to run and jump off the cliff at 3000 feet to launch after obtaining clearance from the airport tower as planes came in to land below me.

What do you consider to be your greatest achievement?

Continuing to enjoy practicing medicine.

How do you unwind after work?

Watch a bit of TV or listen to some music, and spending time with Connie, my wife.

What are your hobbies?

Playing tennis and computer games with friends; collecting stamps and coins; and of course, travelling.

What do you need more of?

Always in need of more holidays and breaks.

What is one thing that you cannot live without?

Of course, Connie! Being married, you cannot really say anything else.

What would you do or change to improve the ACMAV?

An organisation like ACMAV needs to continually attract new members, especially in the recruitment of new doctors. Mentoring and professional advice from older and more experienced members should be made available to these younger members as an attraction for recruitment. Helping the professional development of new members with the networks available in ACMAV should also be emphasised.



Would you like to appear in "Getting to know...?"

Simply send in your answers to these questions to ACMA House or to the editor via email. And don't forget to send in a photo of yourself! (Digital photo preferred.)



Sn a psh ots ...



Maggie Wong, Michael and Philomena Yii at the Breast Cancer Symposium.



Mee Yoke Ling, David Lam, Phillip Tran and Michelle Lui awaiting a sumptuous feast at Shark Fin House.



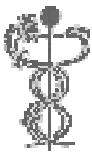
Janice Thean, Margaret Chan (our new member!), Tony Chan, Salena Ward and Julie Ch'ng gather for a happy snap at the Breast Cancer Symposium.



Panel of speakers at the Breast Cancer Symposium: Dr Rick de Boer, Dr Michael Chao (holding the mic), Dr Donald Leung and Dr Ignatius Kung. Unfortunately, this photo missed Miss Meron Pitcher.



The Ex-Presidents: Mr Richard Hing and Dr James Khong (a regular contributor to our newsletter - thank you!).



CLASSIFIEDS

Careers in Medicine Seminar - RSVP Now!!!

A free seminar organised by ACMAV, for all HMOs, interns and medical students seeking more information on Careers in Medicine (and Surgery, and other specialties).

Venue: ACMA House, 862A Canterbury Rd, Box Hill South

Program: **Seminar 1 - Saturday, 3rd May**
General Medicine - Dr Frank Thien
ICU & Anaesthetics - Dr Maggie Wong
General Practice - Dr Janelle Francis
Psychiatry - Prof Eng Seong Tan
Pathology - Dr SK Happy Tang
Dermatology - Dr Adrian Mar

Seminar 2 - Sunday, 4th May
General Surgery - Prof Joe Tjandra
Emergency Med - Dr Min Hin Chong
Radiology - Dr Lawrence Lau
Radiation Oncology - Dr Michael Chao
O & G- Dr Judith Goh
Ophthalmology - Dr Lance Liu

Both seminars are held from 12.30—3.30 PM, including free lunch and afternoon tea.

Please RSVP to Salena Ward by email: salenamw@hotmail.com - **limited to 30 places!**

COMMENCEMENT OF PRACTICE

Dr Paul H C Lau MBBS, FRANZCR wishes to announce the opening of the latest radiology practice of Future Medical Imaging Group (FMIG) at 347 Ascot Vale Road, Moonee Ponds, providing 1.5 Tesla MRI, Multi-slice CT, General, Musculo-skeletal and Vascular Ultrasound, DEXA, Mammography, Interventional Radiology, Fluoroscopy and General X ray services including OPG/Lat Ceph.



Address: 347 Ascot Vale Rd, Moonee Ponds, 3039
Telephone: (03)9375 3400; Fax: (03)9375 3800
Email: phclau@fmig.com.au



STUDY RECRUITS STILL NEEDED FOR ACMAV SPONSORED STUDY

Patients with depression who need to start on an antidepressant medication or need to change to a new medication.

Medical practitioners are invited to refer patients for a study of antidepressant treatment in Chinese patients. Study will provide medication and a comprehensive assessment. Patient must be referred before they start antidepressant medication.

For more information please contact **Dr Chee Hong Ng 9420 9350** or **Agnes Fan 0403 136 778**.

Study conducted by The Melbourne Clinic, University of Melbourne, and supported by ACMAV.



ACMA (SA) 2003 Annual Scientific Meeting

A exciting program is planned for you, featuring topics such as the Human Genome Project and Advancement in IVF Technology.

Date: Saturday, June 7th, 2003

Venue: Radisson Playford Hotel, North Terrace, Adelaide

For more information, please contact the ACMA House on 9899-6380, or email secretary@acma.net.au.

RMIT Recruitment

The department of Complementary Medicine at RMIT is seeking a Senior Clinical Researcher to develop a "wellness" stream (Bachelor and Master's degree) in the department's curriculum. Other research to be engaged in include wellness monitoring, public health, drug dependence and chronic pain, and the implementation of health enhancement in corporate institutions.

For Application details, please visit the website (www.rmit.edu.au/ps/jobs) or contact Ms Anna Rundell on 9925-7377. For further information, please contact Professor Marc Cohen on 9925-7440.