the medical link

ISSUE 136 | SEPTEMBER – OCTOBER 2021

THE INDEPENDENT VOICE OF MEDICINE
GCMA
THE GOLD COAST MEDICAL ASSOCIATION INC.

THE OFFICIAL PUBLICATION
OF THE GOLD COAST MEDICAL ASSOCIATION INC.
PUBLISHED BY SWAN MANAGEMENT

Legal Restrictions to Cross-Sex Hormone Treatment for Under 18s

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- Robotic-Assisted Surgery Changing the Game for Gold Coast Women
- More Than Just Visual Acuity
- Mental Health in the Time of COVID-19

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Robina Private Hospital welcomes two new consultant psychiatrists to the team

Robina Private Hospital is a 90-bed private hospital with three specialist wards along with consultancy, outpatient, mental health day programs, day surgery general medical and rehabilitation services. It is the only private hospital in the Robina Health Precinct and within close proximity to the precinct's existing, extensive public services.

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MEET OUR **TWO NEW CONSULTANT PSYCHIATRISTS**

Dr Zoran Radovic is a consultant psychiatrist in private practice at Robina Private Hospital.

Born in Serbia, Dr Radovic finished school and completed his specialist training in psychiatry in 1992. Following a successful career in a renowned state hospital in Serbia, he decided to move internationally and practice for a number of years in Cyprus and Europe.

In 2004 Dr Radovic relocated to Australia where he worked in private practice on the Sunshine Coast before moving to Victoria in 2015. During this time he pursued a career in public mental health, leading acute interventions clinical teams.

In 2020, Dr Radovic was promoted into the role of clinical director of mental health at the Warrnambool Mental Health Service before commencing at Robina Private Hospital.

Dr Radovic specialises in general adult psychiatry, PTSD, mood disorders, psychotherapy and ECT. He also holds a special interest in VVA and DVA consumers with PTSD.

When he isn't practicing psychiatry, Dr Radovic's personal interests extend to sports, tennis and traveling.

Dr Nayan Soni B.PHTY, MBBS, FRANZCP, is a holistic consultant psychiatrist in private practice at Robina Private Hospital.

After developing his health science background from physiotherapy, Dr Soni completed his medical degree at Griffith University on the Gold Coast. Dr Soni's curiosity of human expression provided the ideal foundation for psychiatric specialisation.

Since 2011, Dr Soni has trained and worked in a variety of medical and psychiatric settings across Australia. He aims to inspire hope and a growth-mindset in patients and their dear ones to achieve optimal recovery and quality of life.

Dr Soni's special interests are perinatal psychiatry that includes the family's mental health, neuro-stimulation, and integrative health and wellness to consolidate recovery and prevent relapse.

He is presently completing further training in addiction psychiatry, and is involved in teaching and research.

To arrange an appointment or referral with Dr Radovic or Dr Soni, please contact Robina Private Hospital's Admission and Assessment team by phoning 1800 707 581.

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Contents

Correction in reference to the article 'GCMA President Awarded Order of Australia by Queensland Governor for Services to Medicine & Psychiatry' by Prof Stephen Weinstein, there was an error on the contents page. The editorial team would like to clarify that Prof Philip Morris was awarded a Member of the Order of Australia (AM) for service in his field, not the Medal of the Order of Australia (OAM) as previously written. We apologise for the miscommunication and once again, congratulate Philip on his outstanding achievement.

A Message from the GCMA President

Prof Philip Morris AM, President GCMA
MB BS BSc PhD FAChAM (RACP) FRANZCP FPOA FFP ABPN
info@drphilipmorris.com | 0422 545 753 | www.drphilipmorris.com

Dear GCMA colleagues,

It is mid-2021 and the pandemic still complicates day-to-day life. Fortunately for Queensland we have been led well by our public health professionals and our Chief Health Officer Dr Jeannette Young and her team. Brief lockdowns have come and gone and so far the Covid-19 virus in its new Delta guise has not overwhelmed us. But nothing can be taken for granted. As I mentioned in an article I wrote at the beginning of this pandemic last year we will be in a 'Hammer' (lockdown) and 'Dance' (cautious release of restrictions) situation until we get up to around 80% of all eligible individuals vaccinated against the virus. Even then booster shots may be necessary as new strains of the virus appear. But vaccination of the vast majority of the population is going to be the pathway to avoiding future lockdowns and returning to most of the freedoms we once had.

I consider it a civic responsibility for citizens to get vaccinated unless an individual has a medical reason that would be a contraindication. We need to be vaccinated in order to protect ourselves, to protect others in our community, and to allow our nation to return to its full productive capacity. We have a number of excellent vaccines, including the ones now available in Australia – AstraZeneca and Pfizer. Both are effective and give robust protection against serious illness and death from the virus, as well as reducing the risk of passing on the virus to others. It is a sobering observation that 99% of Covid-related deaths are now in the non-vaccinated population. Both vaccines are very safe. Yes, vaccines can have very rare side effects, but they are very rare – in the order of a few incidents per million vaccinations given. While the AstraZeneca vaccine has been noted to have rare clotting problems, the Pfizer vaccine has been reported to have rare bleeding complications as well. For individuals who have any ongoing concerns about vaccination, a conversation with their general practitioner about their specific circumstances will be the most appropriate next step.

Over the past few months most of our medical and health practitioners and their staff have been vaccinated with either AstraZeneca or Pfizer vaccines. This is most encouraging. Alongside Queensland Health vaccine sites, many of our general practices on the Gold Coast are now able to provide both AstraZeneca and Pfizer vaccines. Greater supplies of the Pfizer vaccine and the availability of other vaccines are coming soon. Priority groups are workers in aged care and disability services and the families of health care providers, but we need to encourage all people to come forward to get vaccinated. I am very optimistic that we will be able to get most of our population vaccinated by the end of this year.

The GCMA monthly Thursday dinner presentations have gone well this year. So far we have been informed about travel in the pandemic era, supporting medical education and health services in the South Pacific, the Indigenous Doctors Medical Association, new advances in ophthalmology, attention deficit disorder, and interventional radiology and new radiotracers. In upcoming talks the mental health effects of the pandemic will be covered. And we are so fortunate to have Dr Jeannette Young PSM (also Queensland Governor designate) coming in September to brief us about the pandemic response in Queensland. This is a joint GCMA and General Practice Gold Coast meeting. We plan to have an update on cancer therapies in October and in November the meeting will focus on junior doctor career development. We hope to have a great social activity before the end of the year. Notice of all these activities will be sent to GCMA members by email.

We are always looking to expand our membership. I encourage you to invite your doctor colleagues to join the GCMA. It is very easy to do. Just go to the GCMA website (www.gcma.org.au) and click through to the 'Become a Member' page to join. The registration page can take credit card payments. The $150 annual membership is extremely good value. It covers 10 monthly evening meetings where salient updates on clinical and professional matters are presented as well as a two-course meal and complimentary beverage, and the opportunity to interact with colleagues from all professional disciplines.

The GCMA is always ready to welcome new members to the leadership team. In particular, we would encourage members to nominate themselves or their colleagues for the positions of secretary, treasurer, vice president and president at our next AGM in March 2022. Please give me a call on 0422 545 753 if you are interested.

The Medical Link magazine continues to be published independently of the GCMA but remains the official publication of the GCMA. The magazine welcomes more medical content and I encourage members to submit articles of between 300-700 words for publication.

Yours sincerely,

Prof Philip Morris AM
President GCMA

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FINAL DESIGN & LAYOUT
Cabin Studio
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INTERNAL ADVERT DESIGN & CUSTOMER LIAISON
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PUBLISHER
Ryriss Services Pty Ltd
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The Medical Link enriches the Gold Coast medical community by uniting the voice of its doctors.

Here you will find insightful stories and the latest trends in field research conducted abroad, and of course, right here on the Gold Coast. Keep informed of new health services, developments in the medical profession, and general interest items.

We invite you to submit your company updates, new recruits and promotions to **info@themedicallink.com.au**.

Legal Restrictions to Cross-Sex Hormone Treatment for Under 18s

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Before the 2017 decision of the Full Court of the Family Court in Re Kelvin, court approval was required for the prescription of hormone treatment to masculinise or feminise a young person's features consistent with his or her gender identity.

Re Kelvin decided that court approval was not needed so long as there was no disagreement between the parents or between parents and doctors. However, medical practitioners need to be aware that the Family Court did not lift all restrictions, and the provision of hormone treatment to adolescents is still subject to significant constraints.

This article seeks to explain those restrictions and why continuing caution is needed. It is argued that in no circumstances should a medical practitioner initiate gender-affirming treatment for adolescents under 18 years of age without a proper diagnosis and multidisciplinary assessment of gender dysphoria leading to the justification of the appropriateness of this treatment.

The decision in Re Kelvin

The reason why, for a long time, it was considered that court approval was needed, is that the High Court of Australia had held, in the context of sterilisation of intellectually disabled adolescent girls, that such treatment required court approval unless it was for a therapeutic purpose – that is, the sterilisation is an incidental result of surgery performed to cure a disease or to correct a physical malfunction. Originally, this ruling was applied to the prescription of puberty blockers, but in Re Jamie (2013), the Full Court of the Family Court held that puberty blockers could be prescribed without court authorisation. Court approval was still required for cross-sex hormones, because of the grave risk of making the wrong decision. The Court accepted, however, that such hormone treatment could be therapeutic, since it was treating a psychological or psychiatric disorder (paragraph 98).

In Re Kelvin, the Full Court departed from its decision in Re Jamie in holding that court approval was not needed for cross-sex hormone treatment as long as parents and doctors were in agreement. However, the majority placed some caveats on this. Thackray, Strickland and Murphy JJ accepted that as a consequence of developments in the understanding of gender dysphoria (paragraph 162):

the risks involved and the consequences which arise out of the treatment being at least in some respects irreversible, can no longer be said to outweigh the therapeutic benefits of the treatment, and court authorisation is not required. This is so, of course, only where the diagnosis has been made by proper assessment and where the treatment to be administered is in accordance with the best practice guidelines described in the case stated.

The first caveat indicated by the majority is that there must be a diagnosis made by a proper assessment. The line of continuity with the decision in Re Jamie is that court approval is not needed if the treatment is a response to a psychological or psychiatric disorder. However, there must be a formal diagnosis of such a disorder for which the treatment is appropriate and proportionate, for otherwise the treatment will be non-therapeutic in its nature and unlawful without the consent of the Court.

What constitutes a "proper" assessment beyond the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic criteria is obviously a matter for the medical profession to determine. The appropriate standard of assessment may change in the light of the continuing debates within the medical profession about diagnosis and treatment of those who identify as transgender. The National Association of Practising Psychiatrists recommends a comprehensive bio-psycho-social assessment be conducted before recommending specific treatment, because gender dysphoria in childhood and adolescence can often be a manifestation of "complex pre-existing family, social, psychological or psychiatric conditions" (here and here).

The second caveat is that "the treatment to be administered is in accordance with the best practice guidelines". This is a reference to the (then draft) Australian standards of care and treatment guidelines for trans and gender diverse children and adolescents published in 2018. While these guidelines have developed since being first drafted, they require a multidisciplinary approach, drawing upon specialists, including mental health professionals, in various roles.

> ***The National Association of Practising Psychiatrists recommends a comprehensive bio-psycho-social assessment be conducted before recommending specific treatment, because gender dysphoria in childhood and adolescence can often be a manifestation of "complex pre-existing family, social, psychological or psychiatric conditions."***

Can a medical practitioner prescribe treatment where there is a dispute?

Further amplification of the legal requirements was provided by Watts J of the Family Court in Re Imogen (no 6) in 2020. The case concerned a parent, the mother, who was opposed to the provision of cross-sex hormone treatment to an adolescent. In an important judgment, Watts J held that if a parent or a medical practitioner of an adolescent under 18 years old disputes:

- the Gillick competence of the adolescent; or
- a diagnosis of gender dysphoria; or
- proposed treatment for gender dysphoria, then an

application to the court is mandatory.

He said (paragraph 63):

[A]ny treating medical practitioner seeing an adolescent under the age of 18 is not at liberty to initiate stage 1, 2 or 3 treatment without first ascertaining whether or not a child's parents or legal guardians consent to the proposed treatment … If there is a dispute about consent or treatment, a doctor should not administer stage 1, 2 or 3 treatment without court authorisation.

It appears from the judgment also that if there is a dispute between the treating medical practitioners on any of these three issues, then the dispute needs to be referred to the court to determine the question. A similar view has been taken by the High Court in London in a recent case concerning puberty blockers. Lieven J said that where the decision is finely balanced, or there is disagreement between the medical practitioners, court approval should be sought (paragraph 162).

There may, in particular, be disagreement among treating practitioners about whether a young person is Gillick-competent. Three senior judges sitting in the High Court in London in Bell v Tavistock and Portman NHS Foundation Trust have expressed the view that it is most unlikely that a child under 16 could be competent to give an informed consent to puberty blockers (let alone cross-sex hormones). The decision is currently under appeal, but if upheld, then the implications of this important decision will in due course have to be considered in Australia. Already, the Tavistock decision has led one State government to require court approval before its hospital gender clinic provides medical treatment to those under 18 years, pending a review of practice and procedure in this area.

Incorrect legal information in the medical profession

It is important that the medical profession understands these constraints because incorrect advice on the legal requirements has been circulating within the profession. An example of this is a view which has made its way to Australia from the United States to the effect that no mental health diagnosis of gender dysphoria is required at all, and that GPs are sufficiently qualified to initiate puberty blockers or cross-sex hormone treatment. This view reflects a belief that medical practitioners should not be gatekeepers to gender-affirming medical interventions, and the only requirement is the patient's informed consent to the treatment.

This model was explained in an article written by a medical practitioner in the Australian Journal of General Practice published in June 2020. The author provided advice on how to support trans and non-binary patients in general practice, arguing that gender-affirming hormones can be prescribed and monitored in a primary care setting in most cases, and without the need for a formal diagnosis by a mental health specialist of gender dysphoria. The author indicates that this is lawful in relation to children 16 years and over. Similar information is contained on the TransHub website. It states:

> ***… the risks involved and the consequences which arise out of the treatment being at least in some respects irreversible, can no longer be said to outweigh the therapeutic benefits of the treatment, and court authorisation is not required.***

Any GP is able to prescribe gender affirming hormonal therapy for most people aged 16 and above, without requiring approval from a mental health professional or endocrinologist.

With respect, such advice is legally incorrect on three counts.

First, for the reasons given, a formal diagnosis of gender dysphoria is required before prescribing hormonal therapy to any child aged under 18 years.

Second, as the majority judgment indicated in Re Kelvin, what the Family Court has now authorised is treatment in accordance with established guidelines. Invariably, these guidelines require the involvement of a multidisciplinary team.

Third, treatment of those under 18 years of age cannot occur if either parent disagrees with the assessment of the child's competence to consent, the diagnosis of gender dysphoria or the treatment plan. If the treating doctors disagree, the case also needs to be referred to the court.

Failure to comply with these requirements means the treatment is unlawful, and the medical practitioner is exposed to significant legal risk.

Conclusion

There remain significant legal constraints on the provision of cross-sex hormones to adolescents to masculinise or feminise their bodies because of the effect that such treatment may have on future fertility. This takes it into a special category of case where court approval will, in some instances, be required and conditions are placed upon the provision of treatment without the need for court approval.

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Kerryn Blunt
Clinical Psychologist

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We would like to introduce one of our Consultant Psychiatrists:

Dr Shailendhra Bethi

Dr Shailendhra Bethi, completed his post graduate training in England and is a member of The Royal College of Psychiatrists (MRCPsych). He holds a certificate in specialist training (CCT) and has over a decade of experience of working as a consultant. He has worked in many clinical and leadership roles across public health services both in the UK and Australia.

He specialises in the assessment and treatment of psychiatric conditions in adults but also has a special interest in Neuropsychiatry (interface of neurological and psychiatric disorders), Psycho-Oncology (psychiatric conditions in the context of cancer and its treatments) and is trained in the administration of Autism Diagnostic Interview (ADI-R), used in the diagnostic evaluation of Autistic Spectrum Disorders.

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Clinical Evidence

DCISionRT has been developed and validated on over 3,500 patients across 6 distinct patient cohorts. Studies on 5 of these cohorts have produced consistent results study to study in published research from 2010 to 2018.1,4-6

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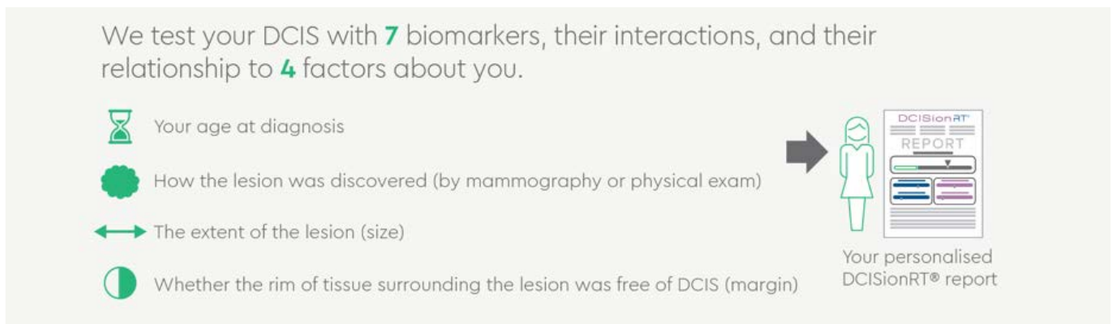

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The GCMA Monthly Meeting July


Prof Philip Morris & Nev Donald


Dr Stephen Weinstein, Dr Graham Sivyer & Prof Phillip Morris


Prof Peter Jones addressing meeting


Nev Donald


Ryan Swanepoel & Prof Philip Morris

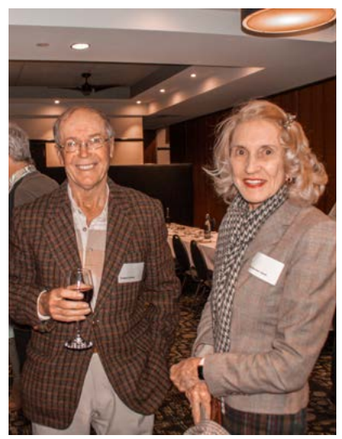

Dr Alex Baruksoplo & Dr Jane Smith


Prof Peter Jones addressing meeting


Elena Kearney, Dr Liz Weinstein, Dr Jane Smith, Carole Morris & Dr Maria Coliat


Dr Roger Wilson & Dr Gordon Wright


The GCMA July Meeting


Dr Gregory Aroney & Dr Alisa Morrison-Galt

The GCMA Monthly Meeting August

Prof Philip Morris & Prof Chris Stapelberg


Dr Anthony Dare, Dr Dianne Nichol, Dr Gordon Wright & Mrs Naomi Wright


Dr Stephen Weinstein & Dr Gregory Aroney

Dr Maria Coliat, Dr Graeme Doherty & Dr Angus Watts

Mrs Carole Morris, Mrs Naomi Wright & Dr Graeme Doherty


Prof Chris Stapelberg


Dr Sally Anne Bennett, Dr Alisa Morrison Gault, Dr Geoff Adsett, Dr Anthony Dare, Dr Wendy Christie, Dr Dianne Nichol & Dr Ileana Velcea

Mrs Shahina Braganza, Prof Chris Stapelberg & Mr Mario Braganza

Prof Philip Morris addressing meeting


Mrs Naomi Wright, Dr Stephen Weinstein, Dr John Kearney, Dr David Straton, Mrs Shahina Braganza & Prof Chris Stapelberg


Dr Graham Sivyer

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Traditionally the measure of whether someone has a cataract, has been their vision as measured by the visual acuity chart. This, together with visual field testing, are the deciding factors of whether someone meets the requirements for driving.

Although the vision chart is a very good objective measure of a person's vision, it doesn't account for "subjective" factors, which can be more visually debilitating.

There are a number of different types of cataracts which cause different visual disturbances.

Nuclear sclerotic cataracts, as shown in figure 1, provide a decrease in distance vision, which makes seeing the television and road signs difficult and may lead to a person failing their driving reading test.

Figure 1

However, this is just one type of cataract that effects patient's quality of vision.

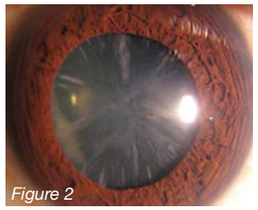
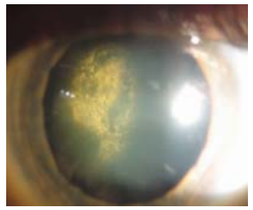


Figure 2



Some types of cataracts can allow people to meet the driving requirements, but their sensitivity to light from their cataracts make driving, reading and other activities impossible. These types of cataracts are typically cortical or posterior sub-capsular cataracts as seen in Figure 2.

Therefore, it is not uncommon to have to consider operating on both people that meet and don't meet the driving requirement, in order to improve their vision and the safety of their daily activities.

The vision chart, again, doesn't provide an indication of how visually significant someone's cataracts are if they have any underlying chronic ocular condition, such as, age related macular degeneration. Macular degeneration typically causes their central vision to be either distorted or having a central scotoma (visual field defect). These patients, if looking directly at the vision chart, commonly have difficulty reading it.

The below two figures show how their vision can be affected.


Distortion


Central Field Defect

These patients are often told, or think, that there is nothing that can be done to improve their vision. Although they are correct in thinking that their reading vision may not be improved, as this is due to their underlying macular degeneration, however, their peripheral vision can be. This peripheral vision is terribly important for their safety and independence as it improves their navigating vision and confidence in moving around in not only their home, but in the shopping centre and local areas.

Current technological advancements have provided us with a broader range of intra ocular lenses that are available and can be tailored to patients' needs in light of their underlying eye conditions. The aim of which is to provide functional independence of glasses, whilst still providing a range of vision from distance all the way up to the intermediate or dashboard/computer vision, which again improves the safety of for navigating without the need for glasses.

We find that any patient who has an underlying chronic eye condition, for instance age related macular degeneration or glaucoma, who has another other eye condition, albeit as minor as dry eyes or minor cataracts, that changes their vision, even slightly, can significantly impact the quality of their vision.

Therefore, these people need to be seen annually by either their Ophthalmologist or Optometrist, to ensure that their ocular health is optimised.

Mental Health in the Time of COVID-19

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Abstract

The COVID-19 pandemic has disrupted our normal way of life, both societal and economic, on an unprecedented, global scale. Non-pharmacological interventions such as social distancing, self-isolation and quarantine, required to control the spread of the disease, have increased social isolation, loneliness, domestic violence and other psychosocial determinants of mental illness. Furthermore, the economic impact brought about by public health interventions is an additional potent driver for deterioration in mental health and even suicidality.

> ***Non-pharmacological interventions such as social distancing, self-isolation and quarantine, required to control the spread of the disease, have increased social isolation, loneliness, domestic violence and other psychosocial determinants of mental illness.***

People vulnerable to mental health problems and suicidal crisis, especially in those with a pre-existing mental illness have been adversely affected by the pandemic. However, in locations such as the Gold Coast, presentations to public mental health services declined sharply in the early days of the pandemic, but rebounded after a time-lag with shifts in the acuity and complexity of mental health presentations.

This presentation provides a historical perspective, examining the impact of past viral pandemics and epidemics on mental health and suicidality before providing an overview and synthesis of the mental health sequelae of the COVID-19 pandemic based on our recent systematic review of the literature. It also details some of the changes in mental health presentations and diagnostic incidence from a public health system perspective on the Gold Coast and examines an all-of-system framework for mental health care in the COVID-19 pandemic.

Professor Chris Stapelberg

Professor Chris Stapelberg is the Joint Chair in Mental Health for Bond University and Gold Coast University Hospital. He is a senior staff specialist in psychiatry, working at the Gold Coast University Hospital as a consultation liaison psychiatrist. Chris is the Mental Health and Specialist Services Director of Research and Chair of the Gold Coast Mental Health and Specialist Services Research Committee.

Chris's research interests include the physiology of stress and biomarkers for major depression and he completed his PhD in this field. Chris has also published on the topic of suicide prevention and he leads the evaluation of the Gold Coast Health Suicide Prevention Strategy, the largest implementation of the Zero Suicide Framework in Australia.

He is also increasingly involved with the development of data-driven health solutions for suicide prevention and the COVID-19 pandemic, which include machine learning, data mining and agent based modelling. He has published on the applications of machine learning in data mining for suicide prevention evaluation and research and has created an open source agent based model for simulating COVID-19 outbreaks, the effect of non-pharmacological interventions and vaccination strategies.

Image: Professor Chris Stapelberg

Robotic-Assisted Surgery Changing the Game for Gold Coast Women

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A tech-savvy gynaecologist's decision to embrace robotic-assisted surgery is delivering improved diagnoses, less painful procedures and faster recovery times for Gold Coast Private patients.

Dr Erlich Sem, who has almost 20 years' experience in managing high-risk pregnancies and gynaecological conditions, is at the forefront of using the leading-edge da Vinci XI Surgical System to perform delicate and complex operations that previously required traditional laparoscopies.

While the term 'robotic' often misleads people, Dr Sem remains 100 per cent in control of the system and guides interactive robotic arms via a console that ensure greater accuracy by bending and rotating further than the human hand and reducing hand tremors.

The technology's 3D HD vision system also provides a highly magnified surgical view that has allowed him to identify difficult-to-detect cases of endometriosis that were missed by other surgeons.

As the only Gold Coast gynaecologist routinely using robotic-assisted surgery, Dr Sem said the technology was a "game-changer" in performing complex surgeries such as hysterectomy, severe endometriosis and myomectomies.

"Robotic-assisted surgery is relatively new to Australia and while it won't make you a better surgeon, it is undoubtedly a better tool to perform complex procedures," said Dr Sem, who undertook an intense training program in late 2017.

"I'm a bit of a technology geek so when I first heard of robotic-assisted surgery being used in gynaecology, I immediately wanted to explore it further.

"This is an extra tool - and a very good one - that allows me to achieve what I need to do. Given the potential to provide better outcomes for my patients, it's a no-brainer."

Dr Sem said robotic-assisted surgery was more precise due to its 3D surgical vision, the ability for the robotic instruments to move beyond human limitations and much reduced fatigue for surgeons.

"As opposed to laparoscopy, it's a very fine tool and that means you are creating much less damage to the tissue during surgery and that translates to less pain," he said.

"The ability to see in 3D also means your vision is infinitely better. Whereas you may have previously gone deeper in your surgery because you couldn't see as well, this tool is much more precise and you are only removing what needs to be removed – no more, no less.

"Patients who have had robotic-assisted surgery report having much less pain around the keyholes than those who have had standard keyhole surgery. Laparoscopies involve more pushing and pulling while the robotic system is designed to isolate movement to one area."

Dr Sem said the diagnostic benefits of robotic-assisted surgery were also immense.

"I've seen a few patients who had surgery elsewhere and their medical team couldn't find a reason for their pain," he said.

"They were told they didn't have endometriosis but because they were still having pain, we performed surgery with a 3D robotic camera and found lesions. Yes, they were minor but when the tissue was removed and we sent it for testing, it was found to have the endometriosis.

"This is an extra tool – and a very good one – that allows me to achieve what I need to do. Given the potential to provide better outcomes for my patients, it's a no-brainer.

"We can only treat something we can identify and the 3D capabilities of robotic-assisted surgery are allowing to us do that better than ever."

In a further bonus for Gold Coast Private patients, the hospital does not charge additional costs for women with private health insurance to be treated with the da Vinci XI Surgical System.

For more information contact Dr Sem or visit your GP for a referral.

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Robotic-Assisted Surgery – How it Works

The da Vinci Surgical System allows your surgeon to perform surgery by using instruments that he or she guides via a console. The da Vinci Surgical system translates your surgeon's hand movements at the console in real-time, bending and rotating the instruments while performing the procedure. The tiny wristed instruments move like a human hand but with a greater range of motion. The da Vinci Surgical vision system also delivers highly magnified, 3D high-definition views of the surgical area. The instrument size makes it possible for surgeons to operate through one or a few small incisions.

- **Surgeon Console** – your surgeon sits at the console, controlling the instruments while viewing your anatomy in high-definition 3D.
- **Patient Cart** – positioned alongside the bed, the patient cart holds the camera and instruments that the surgeon controls from the console.
- **Vision Cart** – the vision cart makes the communication between components possible and supports the 3D high-definition vision system.

Source: www.davincisurgery.com

Living Comfortably in Retirement – Safely & in Control

The Future of Retirement Take Control with Equity Release

The future of comfort in retirement living is being paved by the industry specialists of Equity Release.

Designed to assist in the provision of a comfortable retirement today, these newly accessible, safe and individualised equity release products are giving retirement planning control back to seniors.

After decades of sacrifice and planning for their future, the reward for many Australian seniors is their property portfolio. The main residence, and of course any investment properties, are in most cases generating their biggest appreciating return on investment.

Today's seniors have expressed clearly that the traditional retirement assets of aged pension, superannuation and savings do not always provide adequate financial confidence for a large percentage of single seniors and retired couples.

Boosting Retirement Income Safely

Thanks to the findings of advisory groups, Government now recognises that alongside these assets, safe access to your property portfolio can significantly boost retirement income and therefore the quality of retirement for an increasingly ageing population 1.

As an example of industry specialists responding to the needs of the Australian seniors community and the protections offered by regulation, companies like the Australian Seniors Advisory Group (ASAG) offers safe customisable solutions that allow seniors to access finance and gain greater financial security while enjoying a more comfortable, well-earned retirement.

Australian Seniors, the Richest in the World

In retirement, your sense of freedom is largely dependent on your financial stability. The good news is that Australians are the richest retirees in the world 2, with wealth largely comprised of a lifelong investment in property.

According to the 2018 Global Wealth Report, Australian seniors are nearly three times wealthier than their American counterparts. Yet for many Australians dependent on the aged pension, superannuation and savings, retirement living is modest at best.

> ***Accumulated wealth does not equal living comfortably. Access to it does.***

Accessing Preserved Wealth

80% of our seniors enter retirement owning their own home, after decades of diligence and sacrifice 3. But as a nation of homeowners and home builders whose wealth is in fixed assets, access to these hard earned funds become the real issue, until now.

Today's equity release products are regulated and designed to provide you with control, allowing you to enjoy the wealth you have created.

Enjoy Your Wealth – Access Your Investment

Equity Release products are accessible to many Australian seniors. A homeowner who meets loan approval and simple age criteria can create a personalised schedule of equity disbursement in either a lump sum, a line of credit or a schedule of fixed income payments designed to be a simple income supplement.

The process is further regulated for your protection with government recommended maximum borrowing and repayment parameters measured against the value of the property.

Government Protections

Today's choices in equity release allow no change to the property title so all future capital gains on your property are yours to enjoy. If you wish, no repayments are required until the end of the loan when you leave the property. Your permanent occupancy is guaranteed, so you can continue to own and live in your home.

Alongside savings, superannuation and the aged pension equity release allows access to the wealth you created through a lifetime of hard work, potentially improving retirement for millions of Australian seniors.

The Importance of Accessing Home Equity

Federal recognition of how important access to property equity is in improving the quality of retirement living has prompted the swift development of the market. 4

Customer protection remains a priority and the government has introduced significant regulations such as the 'No Negative Equity Guarantee' as just one example. With these regulations in place, consumers are growing in confidence with reports indicating that more retirees are now considering the release of their home equity to fund their retirement.

"Research indicates 43% of retirees would now consider releasing up to 13% of their home equity." 5

This statistic is just the tipping point. Population modelling shows that the number of Australian seniors in the over 65 category will likely triple in number by 2066, from 5+ million to 15+ million. So, access to your property's accumulated wealth is now vital for millions in or considering retirement.

The Four Pillars of Retirement Planning

Providing seniors access to their wealth and helping Australian seniors achieve financial peace of mind in retirement are the objectives of organisations like ASAG.

They are responding to these findings with individual and customisable methods of Equity Release, with regulatory protections in place for your safety.

Sensible retirement planning right now includes the four pillars of retirement funding. The key being the normalisation of accessing equity from assets i.e. your property's equity.

Today's Investment Environment & the Normalisation of Equity Release

In today's safe and controllable environment, in a period of sustained low-interest rates, accessing wealth in your property should be considered a normal part of your personal retirement plan to live your best retirement life. You planned your property ownership so it's normal to plan access to some of it, at a time you need it and deserve to enjoy it most.

Simplified & Transparent

Ease of access via state-of-the-art online application processes that are built to clearly explain the product, its benefits and responsibilities characterise seniors equity release platforms. This allows Australian seniors access to all the information and their funds seamlessly by turning the locked away wealth in their property into available assets at a time its needed most.

Calculating Your Available Equity

Calculate the maximum amount you may be eligible to borrow by inputting your age and home value using the Government's MoneySmart website or the industry providers' websites. Find out how an individually tailored Equity Release can help you gain greater financial security, and a better retirement by visiting one of the industry providers' websites. For more information about ASAG and Equity Release products visit www.seniorsadvisorygroup.com.au, or call 1300 002 724.

References:

1 2020 Retirement Income Review Report findings, p.19
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3 08/2018 ASIC Review of Reverse Mortgage Lending In Australia Report 586
4 2020 Australian Report to Treasury Retirement Income Review findings, p.19
5 RMIT University Reverse Mortgages Financing Ageing In Place

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