



QMWS news

Queensland Medical Women's Society



Quarterly Newsletter

November 2011

President's report - November

The world is ever changing. By the time we have the first meeting next year, there will have been a state election or one will have been called. Maybe by then, those of us working for Queensland Health may understand the workings of the Local hospital networks and what that is remaining of the bloodied departmental corpse. Hopefully those in upper management who have not taken redundancy, or whatever the in bureaucratic speak for redundancies is, will understand how a proper quality service is run. And for those in general practice, what influence will the Medicare Locals have.

It is timely that we hear from Bev Rowbotham, a haematologist at Sullivan Nicolaides Pathology. While doctors generally persist with their vocation of healing the sick, there are other ways our knowledge and experience can be applied. Not only has Bev served as President of the College of Pathologists of Australasia and on the council of the Australian Medical Association, she is also on the board of Avant. Few doctors enter the corporate world and it will be exciting to hear it from a woman's perspective.

The August dinner was a success. For those of you heading off on holidays, the talks by Drs Andrew Burke and Sarah Cherian were pertinent. They reminded us to be vigilant when travelling but not to be overly concerned with the flights.

The December dinner will be one of my last functions as President, as my term is drawing to a close. I have no obvious replacement and I would encourage anyone to be involved. It doesn't take that much time. Finally, thank you for all the loyal members who make this society a success. Without your dedication and enthusiasm for the meetings, there wouldn't be a society. You make it worthwhile. I hope you have a great holiday break and see you next year.

EDWINA DUHIG



QMWS dinner, August



QMWS COMMITTEE 2011/12

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August Dinner Meeting

On a rainy night at the end of August, we had a very good attendance at our QMWS meeting, to hear our guest speakers, Dr Andrew Burke and Dr Sarah Cherian. We would like to acknowledge and thank S&N Pathology for their generous sponsorship of the evening.

Dr Andrew Burke is a respiratory and Infectious Diseases Physician at The prince Charles Hospital. He has lived and worked in the Sudan and in Bougainville. Andrew described himself as a frustrated fighter pilot, which may explain his detailed understanding of the airflow in aircraft. For those of you who have wondered which illness you are going to catch on your next flight, this was a very reassuring talk.

How likely are you to get a respiratory illness when you travel in a plane. Is air travel a public health issue? The answer is complex, but it depends how long you are in the plane, and how close you are to a sick person. The airport terminal is a more hazardous environment than the plane itself. 4 million people a day travel by air, and there are at least 1.5 billion flights a year. Many of us agreed with Andrew's comment that a plane is the smallest public space available.

Next time you are in a plane and wondering about the air quality, you may be interested to know that when you are on the tarmac, you are breathing atmospheric air, but when the plane begins to taxi, it switches to air coming in through the turbines. The air is superheated and compressed - like an autoclave - so is cleaner than normal air. For economic and efficiency reasons, after the plane takes off, the air is 50% fresh and 50% recirculated. This air goes through a high efficiency particulate filter, equivalent to that used in an operating theatre, which filters almost all viruses. At higher altitudes, the higher ozone levels are corrected by a catalytic converter. You may be aware that the air in a plane is quite dry - the humidity is reduced to 10%, which lessens corrosion in the aircraft. Lower humidity may favour viral growth, but lowers the risk of bacterial growth.

We saw diagrams of air flow, which comes in from the top of the plane, and only moves one or two rows. It is exchanged about 20 times an hour, compared with air conditioned air on other public spaces, which is changed 5-10 times an hour. So in many ways, the air on a plane is the cleanest you will breathe.

We learnt about droplet and aerosol spread. Droplets settle within a metre, and so droplet spread infections are unlikely to spread more than two rows on either side of an infected passenger. Airborne infections are very small particles of less than 5 microns. The risk of infection is partly related to the length of the flight. Under 8 hours appears to be low risk, and no contact tracing is warranted even if there is an infected passenger. Up to 20% of people report a "cold" after a flight, but many of these symptoms may be due to sleep deprivation or rhinitis.

Andrew discussed some specific infections, with travellers' tales of well publicized cases of people or crew travelling against medical advice with infections such as tuberculosis. Although air travel facilitates the spread of influenza, this is not due to the flight itself, but the transmission of the infectious agent after the sick person moves around in the new environment.

So next time you blame your respiratory infection on your last flight, think again about how else you almost certainly caught it, and be reassured that you do not need to wear a mask on the plane. But do wash your hands!

Dr Sarah Cherian, a microbiologist with S and N Pathology added to the travellers theme, with case presentations of four patients with abnormal liver function tests. One traveller to Columbia in Central America had Yellow Fever, two people returned from a trip to India with Hepatitis E and Hepatitis B and Q Fever came home with a traveller to Spain.

Risk factors for infection during travel include mosquitoes, omission of prophylactic vaccination, sexual encounters, outbreaks of infections on cruise liners, contaminated water or food, inadequately stored food, recreational exposure, and medical tourism. So even if you are relatively safe on the plane, beware of the bugs when you get there. A very informative evening, and we thank our speakers and sponsor.



Far Left: Dr Claire Ellender and Dr Andrew Burke

Left: Dr Sarah Cherian

SWIM News

November

Support Women in Medicine

SWIM held their AGM on October 12th and had a thoroughly enjoyable night with a gourmet BBQ and wine at Sassafra Cafe, in Paddington. It was a night to celebrate the great year we have had and think about where SWIM is going in 2012. We welcome in the following new executive for the new year:

President: Ashley Jenkin

Academic VP: Jacquie Lovatt-Stern

Social VP: Jackie Tran

Secretary: Julian Pavey

Sponsorship: Louise Thomas

Communities & Initiatives: Michelle Onlock

Liaison: Kristine Matusiak

Treasurer: Justina Dobrolot

Marketing: Annie Kate-Vann

Ashley is stepping up to the role of President after two years on the SWIM Executive, and we're sure she will do a great job. The SWIM calendar will pick up again in January after the electives, finals and holidays of 2011 are over.

Book review:

What is it about women doctors?

Dr Alex Markwell, who is the president elect of the Queensland branch of the Australian Medical Association sent us an article about a book, entitled "*The Changing Face of Medicine: Women Doctors and the Evolution of Health Care in America*" *.

The article, which appeared in the Australian Review of Public Affairs October 2011.

<http://www.australianreview.net/digest/2011/10/wainer.html>, was written by a, Associate Professor Jo Wainer, who is a social scientist at Monash University.

The book itself is "a detailed study of the way women have moved into medicine in the United States, and their position within the profession." The article raises many issues about gender identity, masculine privilege, the challenges of women holding authority, and the assumption that women are homogeneous. Women were excluded from scientific knowledge, and when women insist on being "knowers" too, the scientific or medical elite are challenged.

The article then goes on to quote figures on the percentage of women graduates in Australia, which has been equal to that of men since 2000. Specialties with predictable hours are more attractive to women. However, working patterns are challenged, particularly working hours, which are lower for women at 38 hours per week, compared with 45 hours for men. The difference emerges from age 35 onwards, the time of child bearing and rearing. Of course, this does not include "family work". Working hours also vary across specialties.

Prof Wainer also comments on the influence of the peer group within specialties, and the influence this can have on women, when the competition for training places is high, and the codes of behaviour are very masculine. Women have resisted working the long hours that male doctors previously did, when they could count on having a wife at home. Now male doctors are making the same changes, and more doctors will be needed to cover the same workload.

This brief summary cannot cover the complexity of Ass Prof Wainer's perspective, but hopefully will be an appetizer to encourage you to read the whole article.

*Ann K. Boulis and Jerry A. Jacobs *The Changing Face of Medicine: Women Doctors and the Evolution of Health Care in America*, New York, ILR Press, 2010 (280 pp). ISBN 9-78080147-662-4 (paperback) RRP \$31.95





The Queensland Medical Women's Society
Invites you to our

End of Year Dinner

*At The Moreton Room, The United Services Club,
Wickham Tce, Brisbane*

Monday, 5th December 2011, 7pm start

“Doctors on Board(s) – the new medical frontier.”

Dr Bev Rowbotham

MBBS(Hons 1) MD FRACP FRCPA FFSc(RCPA)GAICD

Bev Rowbotham is a doctor who has ended up on some Boards. She trained in clinical and laboratory haematology and is the Director of Haematology at Sullivan Nicolaides Pathology. She is Immediate past president of the Royal College of Pathologists of Australasia and has been a member of several other Boards, including AMA Federal Council, The Association for Children with Language and related Disorders, a registered charity, and the Avant Mutual Group. She is also a member of various Federal Government bodies including MSAC and NEHTA. She believes that important decisions are made in boardrooms and that doctors should be there.

AND

Catherine Yelland's Annual Christmas Quiz

*The Queensland Medical Women's Society has represented the interests of medical women
and has provided support, networking and friendship since 1929.*

We look forward to seeing you that night.

RSVP: Edwina Duhig 0418 183 152 E-mail: Edwina_Duhig@health.qld.gov.au
RSVP's are very important for catering purposes. Please notify if special dietary requirements

Dress: Jacket and tie

Please note numbers are limited - RSVP by 30.11.11

Members - \$30 Students - \$10 payable on the night

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