

# HYGIEIA

## ΥΓΙΕΙΑ

### e-NEWS

#### Upcoming Events

##### ❖ Public Education Webinars in 2020:

- ❖ Oncology
- ❖ Dementia
- ❖ Heart Health
- ❖ Robotic-Assisted Surgery

##### ❖ HMSA Future of Medicine and Business Webinar

#### HMSA Radio



HMSA in 2020/2021, aims to have a greater radio presence with interviews and broadcasts discussing public health and medical education. All welcome! No prior radio experience required! Stay tuned for more details!

To register your interest in being part of the HMSA Radio Team & guest speaker broadcasts: [info@hmsa.org.au](mailto:info@hmsa.org.au)

#### Subcommittees

**Positions are now available for the following HMSA subcommittees:**

- Events, sponsorship & membership
- E-Newsletter/ Website
- Medical Education
- Public Health Promotion
- Medical Philanthropy
- Doctors in Training (DiT)

**Contact:**  
[info@hmsa.org.au](mailto:info@hmsa.org.au)

Our HMSA Doctors Directory is now live!



Appear in our all-new Doctor Directory and allow patients to find you.

The directory will allow patients to search for doctors by **specialty** and **area**

For registration see pg 3

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## A MESSAGE FROM HMSA PRESIDENT DR MARINIS PIRPIRIS

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A socially distanced welcome to all,

The first half of 2020 will be remembered for a series of events that may continue to challenge our global communities for the months and perhaps years to come. Doctors and public health officials have become the focus of a disease containment, harm minimisation, social distancing, social isolation and personal hygiene and a personal protection series of public health interventions, advised and driven by the medical community.

As we slowly emerge from a period of hibernation, 2020 will undoubtedly be remembered for the variability in the global response to the same virus. COVID highlighted the limits to our science and global health processes, yet harnessed a resilience, optimism and community collaboration that is at the heart of human existence.

During this time, our members were involved in the sharing of information regarding the most appropriate way to minimise the risk of cross infection. HMSA members, through their roles on the many government advisory groups, provided advice to government, related to the management of medical, surgical and mental wellbeing issues within our public and private hospital systems. Our social media posts shared information regarding transmission and personal protection. Utilising print and non-print media our member experts provided advice and information regarding mental wellbeing during the COVID social isolation and the available resources for staying healthy. Partners of our health professionals shared their experiences and concerns regarding social distancing at home base when living with doctors. Just before the COVID closures, we successfully hosted the Doctors in Training Committee dinner, which was kindly organised by Ben Filipopoulos with the kind support of Delphi Bank. We warmly welcomed to all our Doctor in Training Subcommittee and its members.

During this time, the HMSA also had an opportunity to develop a HMSA doctors directory and we are happy to announce that the directory is now open. There is now an ability for members to attach their business logo to their listing with a hyperlink to their web page.

We are also pleased to announce our collaboration with the Commonwealth Bank and PwC and welcome them as our Diamond Sponsors. We look forward to a strong collaboration in the years to come. We are also pleased to announce the support of our Platinum sponsors Dorevitch Pathology and Zapparas Lawyers.

COVID has unfortunately postponed many of the events planned for 2020, including the much anticipated 25<sup>th</sup> March Cocktail Party At Queen's Hall, Public Seminars on Cancer and Heart Disease, Continual Professional Development Meetings in the management of arthritis, heart disease, respiratory disease, cancer management and mental wellbeing, a HMSA business seminar, a ball and a wine tasting event. These events will hopefully come back on-line as we negotiate our way out of the COVID period of social distancing.

We look forward to seeing you all at our future events, where we may connect in-person once again. Until then, please stay healthy.

**Marinis Pirpiris**  
**President, HMSA**



## THE HELLENIC MEDICAL SOCIETY OF AUSTRALIA



# INTRODUCING THE HMSA DOCTORS DIRECTORY

HMSA is proud to announce that the Doctors Directory  
is now available for members to join

**Be visible on our 24/7 directory and allow  
patients & professionals to find you with ease.**

Search by location, specialty and interest area/ subspecialty.

[www.hmsa.org.au/directory](http://www.hmsa.org.au/directory).

**Please complete attached form and email to:  
[info@hmsa.org.au](mailto:info@hmsa.org.au)**

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## DIY IN THE TIME OF COVID

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Two hundred and Twenty. This was close enough to the average number of Patients who would present to the Alfred Emergency and Trauma Centre every twenty four hour period during January 2020.

The Politicians then insightfully sought and operationalised the advice from the Medical Experts. Stay Home. Stay Safe. The Victorian Public heeded the warning.

The number of Patients attending the Emergency and Trauma Centre started to tumble...Two hundred and Twenty...One hundred and Eighty...One hundred and Fifteen...and then was that actually only Eighty Six Patients...

Where did they all go - the Patients with the Chest Pain, the Abdominal Pain, the Neuropathic Pain from their Zoster, the new skin lesion?

Then the DIY train came in.

Fifty Three year old Male from Home. Fell from a Ladder, three metres height. Altered conscious state. Vomiting. Painful left sided Ribs and Pelvis. Left Femur fracture.

Into the Trauma Cubicle, strong pain relief administered, blood tests performed, XRs and CT scans expedited.

The Patient's conscious state worsening. We review the CT scan in real time. Severe Traumatic Brain Injury is evident.

I pull out my mobile phone, now permanently encased in the COVID-conscious ziplock clear plastic bag, and I contact the NeuroSurgeons. I need to talk to them now.

The Fifty Three yer old Male was on the Ladder because he had to clean the Autumn leaves from the "loukia"...what is that word in English again...is it "gutters" or "grates".

DIY in the Time of COVID has evolved into a booming industry. People have had the time, opportunity, mindset, the inspiration and technical support from the plethora of digital platforms and the enthusiasm to plan, commence and complete DIY tasks around the Home.



For many the DIY jobs have been vital in providing structure and a sense of accomplishment at a time of pivotal paradigm shifts, uncertainty, losses and even abject fear.

The Public have embraced the DIY mantra but not without repercussions. Over the last six weeks Patients have Fallen - off Ladders, off Roofs, off Tables. They have cut themselves with the knives whilst attempting the new recipes. They have Burnt themselves both outside near the Bonfire and inside in the kitchen.

I call them the "iso-hobbies", although epitomising innovation they have also led to creative Emergency Department visits. Falling off the Skateboard, tripping whilst Skipping Rope, getting glue in the eye whilst navigating a model airplane.

In listing the injuries due to DIY projects during the Time of COVID let's just draw a stick figure of the Human Body and add arrows, lots of arrows.

Traumatic Brain Injury - ranging from Minor to Catastrophic and even Fatal.

Cervical Spine Fractures - the Dens is often implicated.

Multiple Rib Fractures with excruciating pain. Collapsed Lungs requiring the insertion of Chest Tubes.

The Spleens that have ruptured from the Blunt Trauma post the Falls off the Ladders.

The Fractured Pelvis requiring surgical intervention repeatedly.

So many broken bones...poor Patient has both forearms immobilised in Plaster in addition to a comminuted Humerus Fracture and a shattered Tibia.

The Fifty Three year old Male Patient's teenage Son had found him after he had fallen off the Ladder at Home. There is a limit to the number of Visitors permitted in the Emergency and Trauma Centre. The Patient's Wife comes in wearing a Surgical Mask. She cries as she tries to talk to her Husband. She quietly asks me how to blow her nose whilst wearing the Mask.

After five weeks in the acute setting we finally tick the Patient for transfer to the Rehabilitation Hospital. I call his Wife who is both excited but also worried about this next step. She tells me she has told all of their Family and Friends to not climb up the Ladders to do those jobs around the Home. One of the many pertinent Public Health announcements of recent weeks.

As restrictions are gradually eased in this transition period the request is that we all exercise caution in what we do around the House. Stop and Think.

You do not want to find yourself in Hospital for weeks with your life disrupted and with your Loved Ones feeling so incredibly helpless.

Stay Home. Stay Safe at Home.

**May 2020**

**Dr Helen E. Stergiou**

**Emergency and Trauma Physician**

**Alfred Health**

## MENTAL HEALTH AND COVID

### Expert opinions on the chaos which COVID-19 is causing to our mental health



The coronavirus pandemic has changed life as we know it. Facing a life-threatening health risk combined with isolation, lack of entertainment, grappling with home schooling, remote working coupled with unemployment and economic despair has caused chaos.

Sites like Beyond Blue and services such as PRONIA have noted huge increases to calls they have received since the outbreak, and more people than ever are engaging on online forums to express their feelings of despair as a result of the pandemic.

In response to the growing need for mental health services, Victoria's former chief psychiatrist Ruth Vine has been appointed as Australia's first deputy chief medical officer for mental health, a newly created role in an effort to curb COVID-19 related deaths from suicide following data from the Brain and Mind Centre last week that suggested that in a worst-case scenario, Australia would see unemployment peak at about 16 per cent, which could also result in the crisis causing an additional 1,500 deaths by suicide a year, over five years.

**ARTHUR KOKKINIAS** - *"What we are experiencing with the COVID19 pandemic is essentially a natural disaster coupled with an evolving economic depression. A double whammy for an explosion in mental health issues in our population. Add to this the enforced isolation and quarantine that we have experienced, and also, the direct experience of the illness in an unfortunate few, we then have the inevitable outcome of multiple psychiatric sequelae. Some of these may be immediate and others may be delayed effects.*

*We know that from previous studies of epidemics that complications such as depression, anxiety and post traumatic stress disorder rates are significantly increased especially when people are forced to quarantine. Alcohol and drug abuse rates are also noted to increase. My major concern is that with the projected economic decline and massive increase in unemployment rates that Australia's suicide rates will increase. We already have alarmingly high rates especially in males. Young people in particular may be more vulnerable especially if this is combined with increasing rates of substance abuse. The announcement this week of the appointment of an eminent psychiatrist (A/Prof Ruth Vine) to the post of the country's Deputy Chief Medical Officer highlights how seriously the government is taking the expected mental health crisis.*

*Government modelling forecasts a 50 per cent increase in suicides directly related to the economic shutdown. If this grim projection is realised then suicide deaths will outstrip those directly from COVID19.*

*Mental health needs to be a priority issue moving forward.”*

**GERRY GEORGATOS** - *“In the short term, my experience of impact upon people’s mental health in the context of COVID-19, has been one of varying degrees; for some there have been acute stressors, but overall, though this may conflict with the views of others, much of the stated fears and impacts are possibly presumptive and without robust corroboration. Socioeconomic stressors underwrite worrisome mindsets and for some, subsequent cognitive narrowing and for fewer, disordered thinking. Despite a significant proportion of people socioeconomically tense, the majority of people are not socioeconomically stressed. More people than before COVID-19 are emphasising an importance on their primary physical health. However physical health is first determined by ones mental wellbeing. Therefore, the very questions of concern for ones physical health are intertwined and impact on mental wellbeing. Where there is a firmament of at least rudimentary supports, including relative fiscal affordability, human beings are effectively inherently resilient and can self-manage most trauma. However, where this firmament is lacking, such as among the impoverished, hence within such individuals and families are felt the most significant impacts to mental health well-being. Impoverished individuals without dependants fare better than impoverished individuals who are responsible, as providers, for their families.*

*Mental health is the discursive topic of our times; however, it remains fledgling. Contextually, Governments and society in general must triage focus support, funding, psycho-education to those in abject and relative poverty. The most significant impacts to mental health have been felt by people living in the lowest quintile income bracket.”*

**Read the full article with expert opinions from Jenny Mikakos and Antonios Maglis on the Neos Kosmos Website:** <https://neoskosmos.com/en/165094/experts-opinions-on-the-chaos-which-covid-19-is-causing-to-our-mental-health/>

## **‘A Personal Reflection’ by Dr Dina Georgopoulos**

Dr Dina Georgopoulos, a GP working with a Melbourne Mental Health Service and a HMSA member, has kindly provided the following reflection to her Team/Service. Dina shared what her family is trying to do during the COVID pandemic.

*“We are making changes every day and hearing news that affects us directly. Job losses, cancelled events that have special meaning, getting tested, worrying about our parents, worrying about our kids, feeling sad about this surreal situation.*

*Keeping things in context, trying to focus on what we can do and reminding each other that this will pass and that help is available is helping.*

*I hope I am not being insensitive to the very real financial stresses and the impact this has on everyone, especially with job uncertainties and job losses for family and friends, trying to organise childcare, information overload, our usual resources and outlets changing each day.”*

## A PERSONAL REFLECTION

As a GP married to a GP, here are some of the things we are doing as a family to help us during this challenging time:

### ***Talking a lot!***

Starting conversations with each other and checking in with what we feel comfortable with at this point in time. This is especially important for those we live with as we are all taking in information at different rates and will feel worried and anxious at different things at different times.

Our loved ones may not feel okay sharing that they are worried about catching the virus from us. We may not notice that they are feeling tense or anxious because we feel exhausted from what is happening at work.

### ***Physical distancing whilst maintaining social connection.***

What we are doing at home is practising checking in with each other and offering to maintain physical distancing at home, with the understanding that each individual will respect another person's decision without judgement. My approach is to encourage practising physical distancing at home so that it feels okay if one of us has to go into isolation from the rest of the family and we all know what to do.

We are focusing on what we can do as much as possible. We are encouraging each other to make time to look after ourselves and do what we know helps us feel better.

We are reminding each other that emotional and social connection and behaving as we would under more usual circumstances doesn't have to disappear just because we are practising physical distancing.

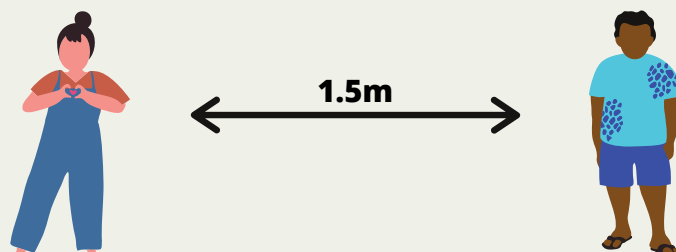
### ***Remaining non-judgemental.***

When one of us is feeling irritable, sad, worried, restless, or snappy, we try to remember that we are all going to experience these emotions at different times and that it is okay and that those feelings will pass.

No judgement is a common phrase that we are trying to put into practice. This means that when others make decisions, including the Government, Chief Health Officer, or people in our workplace, we are trying to remember that they are doing the best they can in difficult circumstances.

### ***Myth busting.***

We are trying to listen to reliable sources of information and not get caught up in fear mongering.



We are all in this together and we can reach out and talk, reach out and listen, take time out as we need it, and come back to what we can do each day.



## Will the COVID-19 pandemic make us all “germophobes” and change our way of life forever?



The coronavirus pandemic sweeping the world has brought about unprecedented public health measures in most jurisdictions. A host of governments have adopted self isolation, quarantine and social distancing measures to varying degrees. These terms have become a part of our everyday lexicon. The measures have led to dramatic social, economic and psychological consequences.

A question posed by many is – will the emphasis on meticulous hygiene and social distancing lead

to long term psychological and psychiatric consequences? Will we see an increase in mental illness? Will our social interactions at the very least be different in the years to come?

There is no doubt that the effects of enforcing self isolation or quarantining individuals if they are at high risk of having an infectious illness or if they have tested positive to one are multiple and significant. Past studies of people who have been quarantined during epidemics show that 1/3 will experience psychological distress (most commonly anxiety and depression) versus 10% in those who are not quarantined and experience and live through the same epidemic. Another measurable outcome shown in a study after the 2003 SARS epidemic in China was a statistically significant increase in use (abuse) of alcohol in health care workers in the 3 years after the event.

The factors associated with an increase likelihood of psychological consequences after a period of quarantine have been shown to be:

- More than 10 days in quarantine
- Lack of access to provisions or to means of communication
- Poor communication by authorities as to the reasons for quarantine.

There is a higher likelihood of future psychological problems for people who are:

- Isolated
- Have financial or economic hardship
- Are unemployed.

And when there is general social unrest.

The elder population is particularly at risk with any quarantine or self isolation/social distancing measures. Studies have repeatedly shown that loneliness is a significant factor for increased risk of death.

Many who are confined to their homes are able to maintain appropriate and meaningful social connectedness through technological means. Many will also be able to access appropriate medical and psychological assistance through videolink or telephone means. The older population are more likely not to be able to access such means to connect with others thereby increasing their sense of isolation.

Younger people are also at risk of becoming more psychologically vulnerable with self isolation and social distancing measures. The biggest cause of death in those under 25 years of age is suicide. Stress can be caused by the uncertainty of the future, job loss and poor future job prospects. Concerns about the economy may also contribute to an increase in distress and a sense of hopelessness in younger people. Threats of loss of loved ones and of oneself will also contribute to a sense of despair and helplessness. Despite high literacy in technological means of communication, even before the COVID19 pandemic, studies have shown high rates of loneliness in young people. As a society we need to be vigilant as we may see an increase in suicide rates in younger people after the pandemic is over.

People with mental illnesses such as Obsessive Compulsive Disorder (OCD) may have a worsening of symptoms and a poorer long term outcome. OCD is characterised by unwanted and intrusive thoughts and images (eg of contamination or of contraction of illness) which lead to overwhelming anxiety. These are known as “obsessions”. Repetitive acts (“compulsions”) are performed to neutralise the anxiety caused by the obsessional thoughts or images. The OCD sufferer who has contamination and infection obsessions will potentially have a deterioration in their symptoms in the context of a pandemic because of the additional burden of the real contamination threat. Providing medical treatment via telelink is also more challenging for this sort of patient.

Is it likely that more people will develop OCD as a result of the current pandemic and our enforced societal adoption of hygiene and social distancing measures?

***Read the full article on the Neos Kosmos Website: <https://neoskopos.com/en/163275/will-the-covid-19-pandemic-make-us-all-germophobes-and-change-our-way-of-life-forever/>***

**April 2020**

**Dr Arthur Kokkinias**

**Consultant Psychiatrist, HMSA Secretary**

## A survival guide to being quarantined with coronavirus and why self-isolation is imperative to prevent deaths



The evolving pandemic of Covid-19 has caused anxiety and alarm amongst many in our community. Daily government updates are instructive as to how to protect ourselves and our loved ones. The experts agree that we need to slow the progression of the virus in our community in order for our health system to cope with the potential influx of people requiring health care and, in particular, requiring precious resources such as ventilators and intensive care (ICU) beds. If the number of new cases rises too rapidly, then our health system will not cope, and we will be in the situation that Italy, Spain and other nations found themselves to be in, namely that of needing to make difficult decisions about who is eligible to be admitted to their precious few ICU beds.

Australia has to date managed the pandemic effectively and efficiently. Our lockdown measures and contact tracing strategies have proven to work.

If we suspect that we are infected then we need to ascertain whether we have in fact been infected and we need to follow the guidelines regarding self isolation even before we know the results. In particular, we need to be mindful of not spreading the illness to the more vulnerable in our community, such as the elder population and those with chronic illnesses, as well as to the wider community.

The common initial symptoms are a dry cough, fever, sore throat, fatigue and difficulty breathing. Some people will only have a very mild illness. Others will become very ill. We know that the virus is highly contagious. If unwell, the best strategy to avoid spreading the virus is to avoid contact with others as much as possible. Practising good hand and cough/sneeze hygiene is imperative. Many of us may need to self isolate at home and some will be able to continue to work from home using technology (eg the government has introduced Telehealth Medicare items to facilitate doctors and other health care workers seeing patients who are infected or who are suspected of being infected or who are at high risk of infection if they leave their homes). Below is some common sense advice to assist with our mental and spiritual well-being if we find ourselves needing to be quarantined in our homes.

Self isolation and quarantine measures may have a number of psychological and psychiatric

consequences. Common responses include insomnia, anxiety, fear of illness, and desire to increase alcohol and tobacco use. Children and adolescents may experience regression, social isolation, or aggressive behaviours, all of which can be misinterpreted as “acting out.”

There are simple ways to reduce overall stress, such as getting adequate sleep, eating regular meals, exercising, staying connected to friends and family, and utilising relaxation techniques.

Use trusted sources, to obtain the most updated information on keeping your family safe and healthy, which can decrease distress. These include:

1. The Australian Department of Health (DHS) Covid-19 webpage <https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov>
2. The Victorian DHS Covid-19 webpage <https://www.dhhs.vic.gov.au/coronavirus>
3. The DHHS also has a dedicated Covid-19 hotline for the public: 1800 675 398
4. Global updates on the epidemiological situation can be found at the WHO, ECDC and CDC websites.

Develop a family plan for dealing with outbreaks, which reminds you that there are steps you can take to care for yourself. Knowing your work and/or school plans for dealing with Covid-19 also helps reassure yourself about steps being taken by others to safeguard their health.

Try to limit exposure to outbreak-related traditional and social media. Increased media exposure is often associated with higher levels of distress.

We can become empowered by becoming educated about the psychological effects of isolation and quarantine. Short-term effects may include anxiety, anger, fear of infecting others, and frustration, with those who experience longer periods of isolation being more likely to develop post-traumatic stress symptoms or increase substance use. Ensuring that we have adequate supplies and that we access and are provided with comprehensive, ongoing, updated information reduces distress and uncertainty.

Importantly, we need to look after ourselves and our loved ones. Check on neighbours and colleagues who may be isolated and not supported by others. Ensure they have adequate supplies including their usual medications. Ensure that they are able to access medical help either via technological means or in person if required. And remember that spiritual well-being is just as important to focus on as physical and psychological well-being.

**Adapted from an article published in Neos Kosmos in March 2020 by**

**Dr Arthur Kokkinias**  
**Consultant Psychiatrist, HMSA Secretary**



## HOW TO HELP PATIENTS CONTEMPLATING A PREGNANCY THIS YEAR

**By Dr Magdalena Simonis, GP, Senior Research Fellow at The University of Melbourne and RACGP Representative to the Victorian Assisted Reproductive Treatment Authority and Your Fertility.**



A NEWLY pregnant patient of mine with pre-existing mental health issues recently told me she was considering a termination. Despite previously wanting a baby, she was feeling distressed and ambivalent due to the coronavirus disease 2019 (COVID-19) pandemic.

Her fears were real, understandable and sufficient to destabilise her condition. How would she protect herself from COVID-19? Would she and her baby be safe? How would she be cared for in a health system obsessed with the virus? And what would happen if she and her partner lost their jobs? How would she cope if physical distancing continued until after the baby was born?

Similar concerns have been expressed by my patients without pre-existing mental health issues. Despite jokes about an expected baby boom following months of isolation, many people may be rethinking their plans for a pregnancy due to COVID-19. So, what can we tell patients contemplating a pregnancy if they ask for our advice?

### Research to date

Due to the recency of COVID-19, there is a dearth of information about how it affects both male and female fertility, pregnant women, fetuses, and babies. However, a summary of what is known so far was [published on 16 April in the journal \*Fertility and Sterility\*](#). Here are some of the key points:

- The limited existing evidence shows that the fever associated with COVID-19 can affect the quality of a man's sperm for about 3 months, so may reduce fertility.
- Pregnant women are not more likely to get infected by the severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2) than other women, nor are they at higher risk for severe illness.
- Women who become seriously ill in late pregnancy are more likely than other pregnant women to deliver their babies prematurely.
- Postpartum neonatal transmission from mother to child has been reported, but there has been no indication that infants born to COVID-19-positive mothers experience any significant morbidity or mortality.

The researchers conclude that while data are limited and incomplete, “there is justifiable concern that reproductive consequences of the novel coronavirus may have lasting effects for male reproduction and for some pregnant women and children”.

**Read Dr Magdalena Simonis' complete article at:** <https://insightplus.mja.com.au/2020/18/how-to-help-patients-contemplating-a-pregnancy-this-year/>

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# CORONAVIRUS PANDEMIC MEDICAL ADVICE

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## How to prepare, what to expect and when it will end

**Associate Professor Vicki Kotsirilos AM.**



The key is prevention and preparation of spread of any infectious disease or virus to the reduce risk or transmission to other people. Like all viruses we can help prevent the spread of Coronavirus. This includes practising good hygiene such as washing your hands regularly

The World Health Organisation (WHO) has now declared Coronavirus infection is causing a pandemic. A pandemic is the worldwide spread of a new disease. The virus is airborne and is highly infectious caught through exposure from respiratory droplets.

Up to 80 per cent of people exposed to coronavirus will have mild respiratory symptoms or no symptoms and recover without needing any special treatment, but the vulnerable groups – the unwell, the elderly, people with chronic diseases and those who are immunocompromised are most at risk of becoming seriously unwell, and can result in death.

Symptoms of Coronavirus infection include fever, fatigue and dry cough. Other less frequent symptoms include sore throat, aches and pains, nasal congestion, shortness of breath and diarrhoea.

**If you suspect you have Coronavirus call the 24 hour hotline phone 1800 675 398 or 1800 020 080 for your nearest testing station.**

**The following criteria are required for testing:**

1. International travel in the 14 days prior to illness onset or exposure to a close or casual contact in the last 14 days before illness;
2. Symptoms to include fever or respiratory infection such as cough, sore throat, shortness of breath.

**Read Vicki's complete article on the Neos Kosmos website: <https://neoskosmos.com/en/160411/coronavirus-pandemic-medical-advice-how-to-prepare-what-to-expect-and-when-it-will-end/>**

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## DOCTORS IN TRAINING (DIT)

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### HMSA Doctors in Training Update



*Doctors in Training and HMSA members attend DIT-specific networking dinner at Elia Greek Tavern, February 2020*

The dynamically changing landscape of 2020 due to coronavirus has seen many changes to pre-determined plans for the year so far, and junior doctors of the HMSA have been no exception. Within the DiT subdivision of the HMSA, the main activity of the year to date has been a DiT-specific networking dinner held in February at Elia Greek Tavern in Heidelberg. This was the largest HMSA DiT event to date, and was made possible with the kind support of Delphi Bank, who

have consistently been strong supporters of the HMSA junior medical contingent. At this stage, as current plans for a further in-person gathering remain to be confirmed, we have plans for another networking and professional development event via Zoom in the next month. Furthermore, as restrictions continue to hopefully be eased, planning will recommence for re-establishing video-conferencing with Athens-based medical students and junior trainees and interested HMSA DiTs, in addition to high school-focussed medical career presentations in Melbourne.

At a broader level, reflective no doubt of all doctors of varying seniority, uncertainty and speculation have indeed been key themes in the workplace this year, as we all experience and navigate our way through another unique time in contemporary history. Junior doctors have seen their units divided into separate teams to decrease intra-departmental contact and potential spread of coronavirus, as well as sudden halts on fellowship and specialty entrance exams.

The influence of the pandemic situation has also made for an interesting influence on hospital presentations, with a vast temporary reduction in presentation volume across most specialties, but an increase in patients with delayed presentations of common conditions with complications, from delayed STEMI presentations to complicated diverticulitis and even a spike in necrotising fasciitis in some centres, where patients with initially simple abscesses chose to 'stay at home' for too long.

An increase in the number of HMSA DiTs this year has been a very welcome and pleasing sight. Junior doctors and medical students seeking to join the HMSA should access the website for information on membership as well as for scholarship details. The public can also visit the site for further information. See [www.hmsa.org.au](http://www.hmsa.org.au)

**May 2020**

**Dr Benjamin Filipopoulos**

**HMSA Board, DIT Subcommittee Director**

## **Athens medical students fast-tracked to help at top COVID-19 hospital**

More than a century ago, Sotiria Hospital in Athens was built as a public sanatorium for patients with a feared infectious disease that spread through coughing and killed indiscriminately: tuberculosis.

Now Greece's leading hospital for COVID-19 patients, it's also the focus of a hands-on training program for dozens of medical students who volunteered to relieve hard-pressed doctors from simpler duties. It's given the students unique experience and an insight into the front lines as medical history is being made.

**Read the complete article on The Age website:** <https://www.theage.com.au/world/europe/athens-medical-students-fast-tracked-to-help-at-top-covid-19-hospital-20200520-p54ukt.html>



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## OPINION PIECE BY DR NATASHA COOK

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### A drunk driver left my GP husband with catastrophic brain injury

Dr Cook is a nephrologist and general physician at Austin Health, Melbourne. She is also an RACP representative of VicRoads Coroner's Fitness to Drive Action Group

As doctors, we have enormous capacity to contribute to road safety by addressing driving fitness with our patients.

This wasn't something I thought much about until tragedy affected my family four years ago. My husband, a multilingual general practitioner working in a challenged inner suburban demographic, was struck whilst marathon training by a drunk driver in June 2016.

He survived, but remains disconnected from us — as if he had died — due to catastrophic brain injury. He will never work again and is unable to carry out even the simplest activities of daily living without support and direction.

For sentence mitigation purposes, defence lawyers revealed in court that the driver had a plethora of medical conditions with the potential to impact driving capacity, including longstanding alcohol and heroin dependence and long-term mental health issues.



***Dr Natasha Cook and her husband***

He also had many encounters with various healthcare professionals in the preceding 20 years, but apparently no concerns were ever raised about his fitness to drive with the state licensing authority.

There are many points in the system at which the community could be better protected from impaired drivers, including: legislative change, improved judicial procedures and stricter licensing and relicensing requirements for drivers with known or strongly suspected impaired capacity.

There is also scope in current legislation for healthcare professionals to do more to identify driver impairment.

We can actively consider and assess driving fitness and make a medical report if red flags are raised.

**Read the complete article on The Australian Doctor Group (AusDoc) website: <https://www.ausdoc.com.au/opinion/drunk-driver-left-my-gp-husband-catastrophic-brain-injury>**

## COVID-19 BY NUMBERS: Australia, Greece & SARS-CoV-2

Dr George Stabelos, HMSA Vice-president



According to recent articles in Fortune Magazine and Neurology Today online, in early February this year, "If someone predicted that Greece's response to the coronavirus pandemic would be stronger than that of Germany, France, the U.K., and Italy (& the US), they might have been accused of spending too much time with Dionysus, the Greek god of wine. Low expectations seem justified given Greece's failures during the last decade's financial crisis"(1).

"But facts are facts. As measured by deaths as a proportion of the population, Greece has proved six times as effective as Germany, 27 times as effective as France, and 35 times as effective as the U.K. )" (1). "In a population of 10.72 million, Greece has had a total of 2,716 COVID-19 cases and 171 deaths to date. What's more, at press time, relatively few people required intensive care, not a single physician on the front line has died, and there have been no COVID-related nursing home deaths" (2) "Prime Minister Kyriakos Mitsotakis faced labours that would have scared Hercules. A decade of austerity decimated Greece's public health system. Greece has the second-highest population of people over 65 in the EU after Italy. About a third of all Greeks live in or near Athens, which is densely urban, famously social, and highly reliant on public transport." (1).



*Professor of medicine and infectious diseases at Athens University, Dr Sotiris Tsiodras MD, MSc, PhD, FIDSA (left), 54, a Sydney born, former Athens Medical School and Harvard graduate, the "Voice" of coronavirus in Greece, has been widely credited for alerting the Greek government of the need to act quickly to COVID-19 to avoid the plight of countries such as France, Italy and Spain. He led a committee of 25 infectious diseases specialists to coordinate the country's management of the SARS-CoV-2 pandemic in Greece.*

Photo: YouTube screen shot courtesy of: <https://neoskosmos.com/en/161548/next-weeks-will-be-critical-for-greece-on-coronavirus-front/>

*Tsiodras was appointed as the team's leader as well as the government's communications liaison for the COVID-19 health crisis (3). Each night at 6pm, the professor appeared on television screens throughout the country, to update the public on the latest infection rates, fatalities and outbreaks and to promote public health measures. The French newspaper Le Figaro called him the "new darling of the Greeks", while Melbourne's Greek newspaper Neos Kosmos described him Greece's "man of the moment". Greece's Ekathimerini publication named the softly spoken professor as the most popular person in Greece according to a poll conducted for Alpha TV. Greek sociologist Andreas Drymiotis wrote: "Greeks particularly appreciate his calm, his knowledge on the matter, and his deep respect for all victims and the fact that he has an unbreakable dedication to nursing staff." Moreover, a journalist, Matina Stevis-Gridneff, from The New York Times described him as one of the "Heroes of the Coronavirus Era".*

In comparison, Australia has fared even better. At the time of writing of this article, Australia's death tally stands at just over 100, with an infection rate showing an outstanding achievement for a country of 25 million people, and one of the best examples in the world. This is a credit to all those who have managed the crisis in Australia.

## International Travel

Australians currently still need to apply for a special exemption to travel internationally. The much-anticipated NZ, Australia, Pacific Islands travel bubble could begin from July 1 if health authorities approve the plan. Other countries could be included in the travel bubble from September if health authorities in both nations approve. Greece announced it plans to let Australians enter from June 15 and Israel has floated the idea of a travel bubble with Greece and Australia. Japan is considering reopening its borders to travellers from selected countries that have low levels of coronavirus infections. However Australia is yet to make an announcement allowing Australians to travel. Perhaps September is the month where this may be allowed.

## COVID-19 Quiz: True or False?

**COVID-19 and SARS-CoV-2 are the same thing.**

**False**

*Covid-19 refers to the condition of coronavirus disease, whereas SARS-CoV-2 refers to the virus that causes COVID-19 (4)*



**SARS-CoV-2 is more infectious than influenza virus or measles virus.**

**False**

*SARS-CoV-2 is more infectious than influenza, however less infectious than measles virus (5)*



**The fatality rate of COVID-19 is higher than that of Measles or Ebola**

**Probably False**

*Ebola = High fatality rate (50-90%),*

*Measles = Moderate fatality rate (1-30%),*

*COVID-19 = Low fatality rate (1-3.5%); higher in elderly adults and those with underlying medical conditions - 15% (6)*

**COVID-19 infection transmission is a rarity outdoors**

**Probably True**

*Coronavirus transmission is largely due to indoor transmission and outdoor transmission is less common or rare (6)*



## References

1. <https://fortune.com/2020/05/26/greece-coronavirus-lockdown-reopening-tourism/>
2. [https://journals.lww.com/neurotodayonline/Fulltext/2020/06040/In\\_Greece\\_COVID\\_19Numbers\\_Are\\_Very\\_Low\\_.5.aspx](https://journals.lww.com/neurotodayonline/Fulltext/2020/06040/In_Greece_COVID_19Numbers_Are_Very_Low_.5.aspx)
3. [https://en.wikipedia.org/wiki/Sotiris\\_Tsiodras](https://en.wikipedia.org/wiki/Sotiris_Tsiodras)
4. [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)
5. <http://infectiousdiseases.edc.org/content/module/1/reading/3a>
6. <https://www.medrxiv.org/content/10.1101/2020.04.04.20053058v1>

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## TURN THE CORNER MEDICAL CLINIC

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### Turn The Corner Medical Clinic, Northcote seeks full time, Greek-speaking GP

We are looking for a full time, Greek-speaking GP to join us in Northcote, inner north Melbourne. You will be busy from day one. You should be Vocationally Registered. We are not a DWS area.

Turn The Corner is a private billing GP Practice with 5 FTE doctors. Open for six years, we strive to be the best. Check out our genuine Google reviews; we don't do fake. We are innovative and we use technology to help deliver first class service to our patients. In mid-2020 we are expanding into new premises – a former bank, in which we've created a fantastic space for patients and the team. We recruit carefully and believe a happy, motivated team creates an environment that allows the practice of good medicine.

Northcote is a positive place that celebrates diversity. It has great public transport, food, coffee and a vibrant arts scene. We reflect Northcote in that we are a welcoming space for patients and staff. Personality, enthusiasm, creativity and kindness are promoted, and new ideas are genuinely encouraged from doctors and staff.

Turn The Corner is doctor-owned and led with an honest, reliable and transparent management style. So, if you love medicine, want to practice in a diverse and vibrant community, want to earn a great income and want to enjoy your work, then please drop me an email today – [tamsin.franklin@turnthecorner.com.au](mailto:tamsin.franklin@turnthecorner.com.au).

**Dr Tamsin Franklin (Owner and Principal Doctor)**



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## AMA AND OTHER NEWS AND RESOURCES: Special Edition

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Greetings all,

I trust you are all keeping well and taking good care of yourselves.

I have good news. The AMA, which has been a telehealth advocate for many years, is now working with the Federal Government to make telehealth Medicare remuneration permanent, due to its popularity with patients and success this year.

This edition focuses on links for useful information regarding the pandemic, from various sources, including the AMA website, as well as the latest on the exciting medical advances.

I am especially pleased to include new support resources for doctors as self-care is so important for our wellbeing.

I for one have been making sure my lifestyle and self-care are conducive to a healthy immune system: a healthy lifestyle of a Mediterranean diet, exercise, sleep and relaxation. I have made extra time for emotional connection with loved ones (as well as pets!), spirituality despite the closed churches, and enjoying the wildlife, greenery and seascapes of nature.

Keep warm and well, and have a safe winter, everyone

**Mary Stavropoulou**

**HMSA Board member and representative serving on AMA Victorian Council**

## Resources and Support Services for Doctors

### Self-care: Immune system support

[https://www.medicinenet.com/strengthen\\_your\\_immune\\_system\\_pictures\\_slideshow/article.htm](https://www.medicinenet.com/strengthen_your_immune_system_pictures_slideshow/article.htm)

### Support services for doctors

#### AMA List

**AMA Victoria** - Peer Support Service - doctors supporting doctors - call 1300 853 338

**Beyond Blue** - this page includes a section specifically for healthcare workers

**Hand-n-Hand** - a peer support network for healthcare workers at the front lines of the COVID-19 pandemic

**Mindfulness in Medicine** - using mindfulness as a tool for living through difficult times - free weekly sessions

**Pandemic Kindness Movement** - evidence-informed resources for health workforce

**Victorian Doctors Health Program** - available 24/7 to all medical students and doctors - call (03) 9280 8738

**The Victorian Medical Benevolent Association** - assists doctors in financial difficulty - enquiries to [dianac@vmba.org.au](mailto:dianac@vmba.org.au) - more information at [www.vmba.org.au](http://www.vmba.org.au)

## RACGP List

Other services developed for doctors are accessible by the hyperlinks below:

[DRS4DRS](#) – an independent program providing confidential support and resources to doctors and medical students across Australia, by doctors

[RACGP GP support program](#) – a free and confidential psychological support service for members

[The Essential Network \(TEN\)](#) – a network that connects frontline healthcare workers with services to cope with the stress of the ongoing COVID-19 pandemic, developed by the Black Dog Institute.

Supporting healthcare workers during COVID 19: <https://medcast.com.au/courses/339>

## Pandemic Kindness Movement

Clinicians in NSW, QLD, SA and Victoria have founded the movement and launched its website to supply evidence-based resources and support the wellbeing and leadership of health care workers.

<https://aci.health.nsw.gov.au/covid-19/kindness>

## Free Weekly Mindfulness Sessions for Doctors

The Melbourne Centre for Mindfulness co-founded by a senior orthopaedic surgeon, is providing free sessions on Saturday mornings 9.30am – 10.30am via Zoom.

<https://mcfm.com.au/mindfulness-in-medicine/>

## Health Information and Resources for Patients

### AMA List

AMA Federal - [Daily Fact Sheet - includes the latest case numbers and government updates](#)

AMA Federal - [General information on COVID-19 - what it is, how it is transmitted and more](#)

AMA Federal - [Personal hygiene and safety tips](#)

AMA Federal - [What to do if you are unwell](#)

**Coronavirus Health Information Line** - 1800 020 080

[Data and infographics - COVID-19 in Australia](#)

**DHHS Hotline** - 1800 675 398

[DHHS - Looking after your mental health](#)

[Healthdirect - Symptom checker](#)

Victorian Chief Health Officer - [subscribe to alerts here](#)

### **Blackdog Coronavirus: resources for anxiety and stress:**

<https://www.blackdoginstitute.org.au/resources-support/coronavirus-resources-for-anxiety-stress/>

### **Federal and Victorian Governments**

#### **Covid-19 hotline: 1800 675 398**

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

<https://www.dhhs.vic.gov.au/coronavirus>

#### **Support services for patients:**

<https://www.servicesaustralia.gov.au/individuals/subjects/coronavirus-covid-19-and-how-we-may-help>

## Health Information and Resources for Doctors

### **LATEST UPDATES**

#### **National COVID 19 Clinical Evidence Taskforce**

<https://covid19evidence.net.au/>

Latest flowchart for assessment of suspected COVID 19

<https://covid19evidence.net.au/wp-content/uploads/COVID-19-FLOWCHART-1-ASSESSMENT-FOR-SUSPECTED-V2.3.pdf>

**Victorian AMA :** <https://amavic.com.au/stethoscope/information-for-gps-and-health-services-on-coronavirus--covid-19->

**Federal AMA:** <https://ama.com.au/article/latest-information-covid-19>

**Federal and Victorian governments:**

Daily update: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-daily-update>

## GENERAL INFORMATION

<https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov>

<https://www2.health.vic.gov.au/>

<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

[For health professionals and aged care sector](#)

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector>

**For more information and resources for doctors and patients, please consult Coronavirus Resources on the HMSA website:**

<https://www.hmsa.org.au/node/272>

## Grounds for optimism - Breaking COVID19 Research News

Convalescent sera and monoclonal antibodies are now in use.

The global race is on for a safe, effective vaccine that confers lasting immunity, and antivirals, as well as medications that prevent and manage complications of the infection.

Challenges remain of efficacy, longevity of immunity, and safety (especially with regard to the risk of a vaccine causing immune enhancement eg cytokine storm in the event of infection).

## Vaccine news-International

There are over 100 vaccine contenders being researched.

AstraZeneca (in association with Oxford University), and Pfizer appear confident they will have vaccines for frontline health workers by as early as the end of October 2020.

<https://asiatimes.com/2020/05/pharma-chiefs-see-covid-19-vaccine-by-year-end/>

AstraZeneca (in association with Oxford University), Johnson & Johnson, Merck, Moderna and Pfizer have been selected as finalists for the USA's future Coronavirus vaccine of choice.



<https://www.nytimes.com/2020/06/03/us/politics/coronavirus-vaccine-trump-moderna.html>

## Vaccine news-Australia

The CSIRO is trialling vaccines from UQ and Oxford University

<https://www.csiro.au/en/Showcase/COVID-19-vaccine>

<https://www.csiro.au/en/News/News-releases/2020/CSIRO-begins-testing-Covid-19-vaccines>

Great news from Queensland University (UQ) which has collaborated with the Peter Doherty Institute for Infection and Immunity:

<https://www.doherty.edu.au/news-events/news/uq-covid-19-vaccine-shown-to-induce-potent-protective-response-in-pre-clinical-trials>



Renowned Australian scientists involved in vaccine research, Ian Frazer, immunologist and HPV vaccine co-creator, and Peter Doherty, Nobel Laureate are confident that Australia can produce a successful vaccine. The CSIRO vaccine trials were successful, and UQ human vaccine trials begin this July.

<https://www.smh.com.au/national/one-shot-to-change-the-world-20200316-p54als.html>

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## COMING SOON

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The HMSA Doctor Directory

[www.hmsa.org.au/directory](http://www.hmsa.org.au/directory)



Wine Tasting Evening

Stay tuned for more info



Medical Student Overseas  
Scholarship

For applications, please visit :  
[www.hmsa.org.au/node/79](http://www.hmsa.org.au/node/79)



HMSA Future of Medicine  
& Business Seminar

Stay tuned for more info

# HMSA STATISTICS

[www.hmsa.org.au](http://www.hmsa.org.au)



## HISTORY

40+ year history as a professional body; revamped as HMSA in 2015

## PAST EVENTS

17 doctor, public health promotion, other events, presentation or radio appearances in the last 24 months

## PUBLIC SEMINARS

Public educational seminars: 2 – 4 per year in the last 3 years with attendance at 50–80 people

## FUTURE AIMS

Aiming at 4 doctor specific educational/ social events per year

## PROPOSED CONFERENCES

### 2020

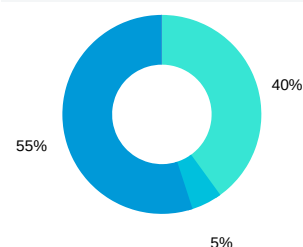
Category 1 CPD conference with projected attendance 90–150 doctors

### 2021

HMSA International Greece conference (Summer 2021)

## MEMBER DEMOGRAPHICS

400 Doctors on Victorian HMSA database



- Surgical/ Medical Specialists
- General Practitioners
- Doctors in Training (DiTs)

# HMSA BOARD 2020

[www.hmsa.org.au](http://www.hmsa.org.au)



## Associate Professor Marinis Pirpiris

President  
*Orthopaedic Surgeon*

## Dr George Stabelos

Vice President  
*GP*

## Dr Arthur Kokkinias

Secretary  
*Psychiatrist*

## Associate Professor Arthur Nasir

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## Dr Betty Messazos-Trapetsas

Communications  
*General Paediatrics*

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Education  
*Endocrinologist*

## Dr Mary Hett-Stavropoulou

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*GP – Skin Cancer Medicine*

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Finance  
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## Mr Kosta Syrrakos

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Education  
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## Dr Benjamin Filipopoulos

Doctors in Training  
*Medical Officer*

## Dr Nicholas Mingos

Doctors in Training  
*Medical Officer*

## Dr Maria Raftopoulos

Education  
*GP*

## Dr Helen E. Stergiou

Education  
*Emergency Physician & Trauma Consultant*

## Dr Brian Pliatsos

Education  
*GP*

## HMSA Aims & Objectives:



- Sharing medical knowledge and experience
- Facilitating connections and synergies between doctors and the community
- Promoting medical education and research
- Supporting medical philanthropy

## HMSA Vision Statement:

Enabling doctors to promote better health for all Australians including those of Hellenic descent



## HMSA Mission Statement:



Unite doctors with the community to achieve better health and inspire lifelong advancement in knowledge



## SPONSORSHIPS AND PARTNERSHIPS

### DIAMOND SPONSORS

**Commonwealth**Bank



### PLATINUM SPONSORS



### OTHER SPONSORS



### COMMUNITY SUPPORTERS

