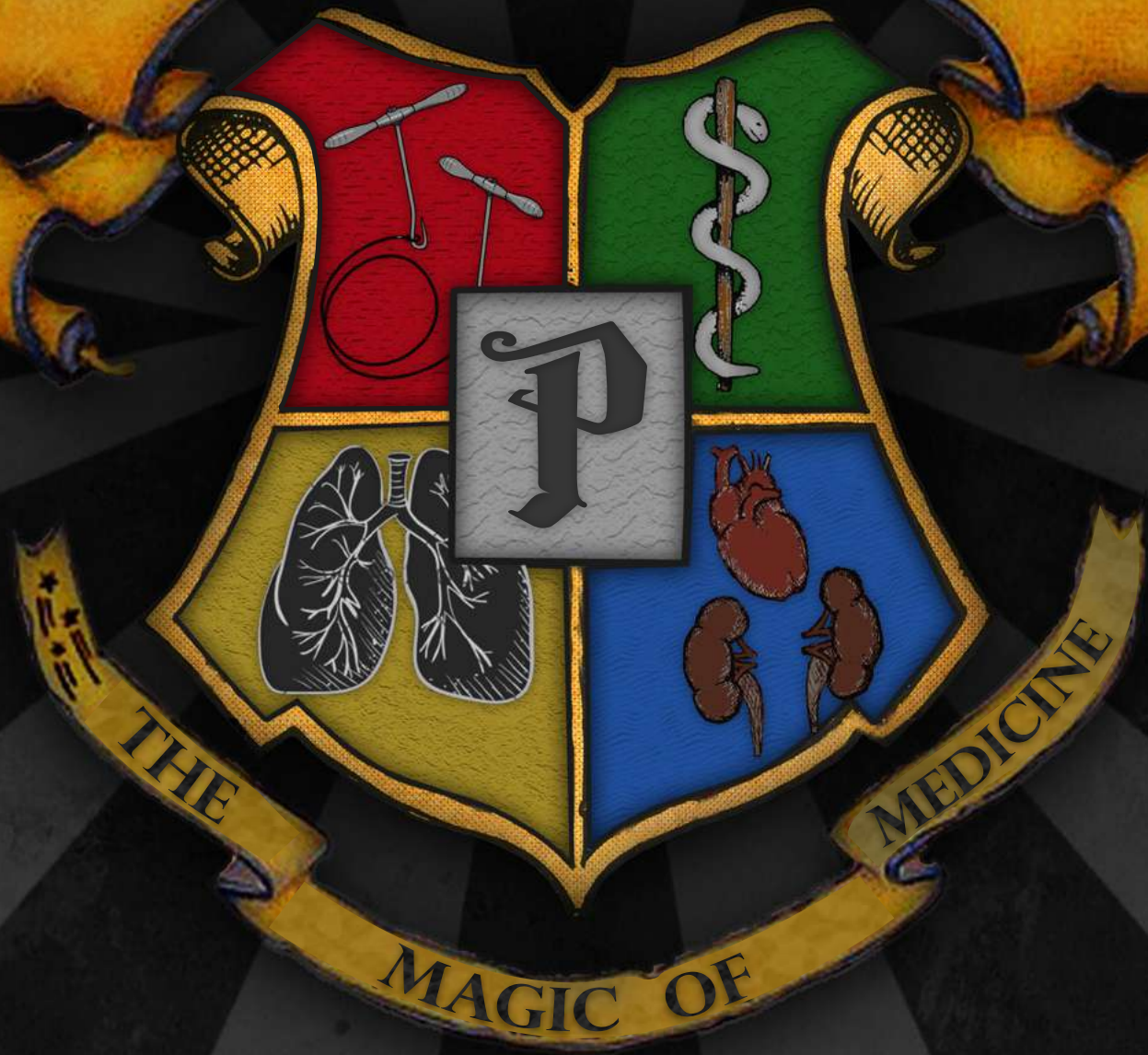


Flinders Medical Students' Society



PLACEBO



Issue One | May 2017

ACKNOWLEDGEMENTS

We would like to acknowledge the Kaurna people, the traditional custodians of the land on which Placebo is produced. We recognise their continuing connection with their country and pay respect to Elders both past and present.

As always, thank you to our hardworking contributors. Without your help, this spellbinding issue would have been as intellectually stimulating as a Flobberworm.

- Alexis Gillham
- Alisha Thompson
- Anandpreet Ghataura
- Andrew Phua
- Callum Brewerton
- Connor McPhail
- Damien Kearney
- Diana Hancock and Tom Pyke
- Harrison Bolt
- Harry Power
- Kris Wilckens
- Liam Ramsey
- Nicole Fox
- Nuralyah Razali
- Professor Rainer Haberberger and Dr Christine Barry
- Ryan Bekeris
- The anonymous girlfriend of an anonymous medical student
- Will Hannam

Thank you to our sponsors for your support.

- Avant
- BOQ Specialist
- MDA National
- MIGA
- MIPS
- RACGP
- Urban Paddock Co.
- Wright Evans Partners

Thank you to Newstyle Print.



CONTENTS

Editorial	4
Message from the Vice President	6
<i>Academic</i>	
The Anatomage Table @ Flinders	8
Fantastic Bugs and What to do About Them	10
<i>Opinion</i>	
The Magic of Medicine	14
Peter's Miracle	16
Artwork	18
Secret Diary of a Med Student's Girlfriend	20
Artwork	22
Gringotts Isn't Unique: Our Banks Have Goblins Too	23
Dolores Umbridge was Probably Pro-coal	24
<i>Giving Back</i>	
Using the Anatomage Table	26
World's Greatest Shave	26
Bravehearts 777 Marathon	27
FCCS Dress Your Best for a Cure	27
<i>Societies</i>	
Pals in Nepal	29
FGAP Uganda	38
Flinders University Surgical Society	46
Health and Human Rights Group Flinders	47
General Practice Students Network Flinders	48
Flinders Medical Students' Society Peer Support	48
Flinders University Critical Care Society Gets Active in 2017	49
<i>Social</i>	
Med Camp Photographs	52
O-Week Photographs	53
The Sorting Steth	54
Placebo Issue Two 2017	55

HAVE YOU SEEN THIS WIZARD?

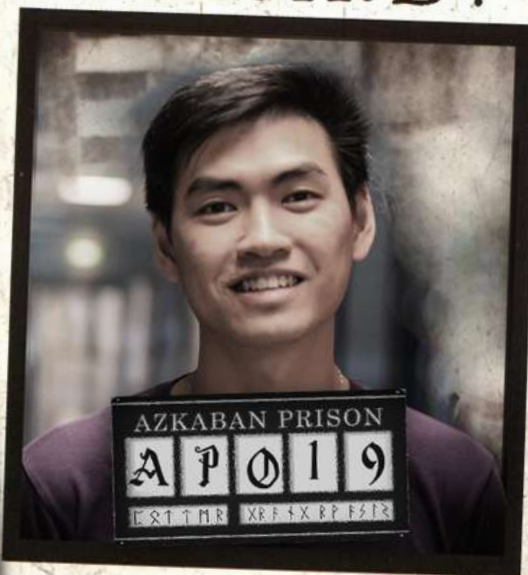


★ APPROACH WITH EXTREME CAUTION!
DO NOT ATTEMPT TO USE
MAGIC AGAINST THIS MAN! ★

Any information leading to the arrest of this
man shall be duly rewarded

Notify immediately by owl the Ministry of Magic - WitchWatchers Dept.

HAVE YOU SEEN THIS WIZARD?



★ APPROACH WITH EXTREME CAUTION!
DO NOT ATTEMPT TO USE
MAGIC AGAINST THIS MAN! ★

Any information leading to the arrest of this
man shall be duly rewarded

Notify immediately by owl the Ministry of Magic - WitchWatchers Dept.

HAVE YOU SEEN THIS WIZARD?



★ APPROACH WITH EXTREME CAUTION!
DO NOT ATTEMPT TO USE
MAGIC AGAINST THIS MAN! ★

Any information leading to the arrest of this
man shall be duly rewarded

Notify immediately by owl the Ministry of Magic - WitchWatchers Dept.

HAVE YOU SEEN THIS WIZARD?



★ APPROACH WITH EXTREME CAUTION!
DO NOT ATTEMPT TO USE
MAGIC AGAINST THIS MAN! ★

Any information leading to the arrest of this
man shall be duly rewarded

Notify immediately by owl the Ministry of Magic - WitchWatchers Dept.

Editorial

Despite what I say to pacify my brother – he’s not a fan of J.K. Rowling – I like Harry Potter and revert to the books when I feel especially English. Of course, there’s no such thing as magic...at least not in a Bertie Bott’s Every Flavour Beans sense. Medicine has its own hocus pocus.

Just as no witch or wizard can cast spells without a wand, no medical student or doctor is properly equipped without a stethoscope. Yet the instrument draped around many a neck today bears little resemblance to René Laennec’s 1816 invention; he rolled papers into a cylinder to discreetly auscultate a young woman’s heart. Ingenuity makes Medicine magic. We can’t memorise it from a textbook or palpate it during a physical examination; only with time will we better use what we do know to tackle what we don’t.

My New Year’s Resolution – take note MD 1 – is SLEEP... so I’m writing much of this in January. Harry Potter hasn’t made an appearance these holidays – I feel sufficiently Antipodean after spending 10 sun-drenched days in Russell, a beautiful seaside village at the top of New Zealand’s North Island. Though *The Checklist Manifesto* by Atul Gawande won’t keep you on the edge of your seat, it’s worth a read if, along with Mad-Eye Moody, you believe in CONSTANT VIGILANCE. Gawande, a surgeon and public health researcher, argues doctors make mistakes because they are fallible and complacent. It’s a bitter potion to swallow, but who remembers everything? Reflective practice keeps us on our broomsticks and allows us to transfigure our oversights into foresight.

The most magical aspect of Medicine revealed itself to me at the Body Donation Program’s Annual Memorial and Dedication Service, which was held on March 1 in Bonython Hall at the University of Adelaide. It was the defining moment of my medical career so far. If ordinary people can be extraordinary for prospective health professionals, then we must surely be extraordinary in return. One of my favourite quotes comes from Sir Isaac Newton: ‘*if I have seen further, it is by standing upon the shoulders of giants.*’ Medicine is selfless. We’re not here for personal glory. We’re here for people we’re yet to meet, for lives we’ll help start and lives we’ll watch end.

This is a special issue of Placebo, bubbled in a cauldron (pewter, standard size 2) with extra measures of heart and soul... not to mention a few drops of cortisol. We’ve introduced new sections (Academic, Opinion, Giving Back, Societies and Social) and are distributing copies throughout FMC. Of course, this feat would not be possible without our wonderful contributors. Issue One contains stories that will make you laugh and stories that will have you reaching for the tissues. Our societies hint at what we can look forward to over the coming months, the Flinders Global Action Project (FGAP) will have you rummaging around for your passport and the Department of Anatomy and Histology has contributed a piece about the incredible Anatomage Table.

Finally, a belated Hello to the Class of 2020. First Year is tough but ‘help will always be given at Hogwarts’ Flinders if you’re struggling. Whether you need a firewhiskey come

Friday evening or, like me, *accio* pyjamas and an enormous mug of tea, you will get used to Medicine. Just swish and flick, eh Hermione?

Alice Dalrymple // Publications Director
publications@fmss.org.au
dalr0006@flinders.edu.au

I’m still waiting for my letter to Hogwarts. Meanwhile, one thing we can learn from Voldie is that it’s better to have friends than followers. Find friends you can study with, laugh with, grow with. And be that friend to someone.

Andrew Phua // Marketing Director
phua0021@flinders.edu.au

Hi everyone, I’m your Publications Officer for 2017 and am excited to be working within this amazing team to bring you Placebo. This edition focuses on The Magic of Medicine and if you’re like me, you may still be thinking that it was a miracle to have been accepted into medical school and that the finishing line seems as elusive as the Golden Snitch. Perhaps you’re even thinking you’ve taken a large dose of Polyjuice Potion and have been mimicking a medical student for a semester. Whilst the initial magic is still lingering after surviving the Human Homeostasis block, I now understand why Hermione needed a Time-Turner to keep up with classes, sleep and a social life... Regardless of your unique experiences of this first semester, I think we can all agree that MD 1 has settled into medical school as easily as Harry stumbled into the magical world after being raised as a muggle.

The stories in this edition share with you the magic that hope, positivity and enthusiasm can bring to medical care for both patients and ourselves as medical professionals. Advancements in Medicine which were once termed miracles are now used as routine treatment and this concept is something that should inspire us to be optimistic within our practice. I hope that as you read this edition, the power we hold as future medical professionals is evident and that this inspires you to go forward with a positive attitude and a desire to do good.

Matilda Smale // Publications Officer
smal0075@flinders.edu.au

The magic of Medicine is real. Studying a new body system every week, philosophising ethics assignments and learning clinical skills seems to be some sort of wizardry. Medicine is a different world and I feel like a muggle in these first few weeks of unfamiliar “spells” and “potions”. Currently my goal is to find a Pensieve to store the vast amount of knowledge we are learning every day. I have recently been sorted into the Placebo team and I am excited to work with Alice, Matilda and Andrew to produce these magical publications this year!

Hariti Saluja // Marketing Officer
salu0008@flinders.edu.au

Message from the Vice President

The start of Twenty Seventeen has been hectic! It is the peak year for course and curriculum changes and no doubt all of us have felt overwhelmed at one point. The good news is that each year's cohort, the Medical School and FMSS are all working hard to address any teething issues as soon as they arise. As a cohort of medical students, I feel that we are fortunate to have a course administration so willing to listen to our concerns and act based on our advice. Each year level faces very different issues, and it is certainly an ongoing process, but we are well placed to come out of this better off than before.

A big welcome to MD 1! Congratulations on never having to sit the GAMSAT again (or for Clin-Scis, escaping those bio prac write-ups). We loved having the chance to get to know you, particularly throughout O-Week and at the largest ever Med Camp. You have had a wild start to the year: a Progress Test on day 3, weekly PowerPoint quizzes and a shift to Team Based Learning (TBL). It looks like you are all taking it in your stride but it is important to know you have a voice for your concerns through FMSS and your year representative, Jon.

MD 2 has certainly hit the ground running and I think I speak for most of us when I say that February was a complete blur. As a hybrid year for the changes, it is encouraging to see that most of the issues raised regarding the changes to PBL and weekly quizzes have been effectively addressed and we are settling into a bit of a routine. Going forward, your team at FMSS are focussed on obtaining clear and early communication about Year Three, clarifying Advanced Studies and Capstone requirements and fighting for two electives in Year Four. I am a big believer in early

communication and want to ensure we get this information as soon as possible and with enough time to make important life decisions.

As Second Years, we certainly miss seeing the MD 3 cohort around the library as much as last year. It looks like the changes to Year Three resulted in a crazy start to the year, buried under mountains of paperwork. Thank you for being the guinea pigs, we all appreciate it. But seriously, while it looks like you have had some 'wins' with issues this year, there is still a huge amount to sort out. No doubt you're all familiar with the role FMSS and Stephen play in advocating for you but if there is anything else FMSS can do, especially in relation to events and mental health support specifically for MD 3, please let us know.

MD 4 seems to be escaping just in time to miss much of the course overhaul. Good luck with your internship applications and enjoy your electives (we hope that we get to as well). It must be good to be on the downhill run to internships!

2017 is a turbulent year and it is important that we all look after ourselves and each other.

Harrison Bolt // Vice-President (Internal)
vpi@fmss.org.au

MORE FOR YOU

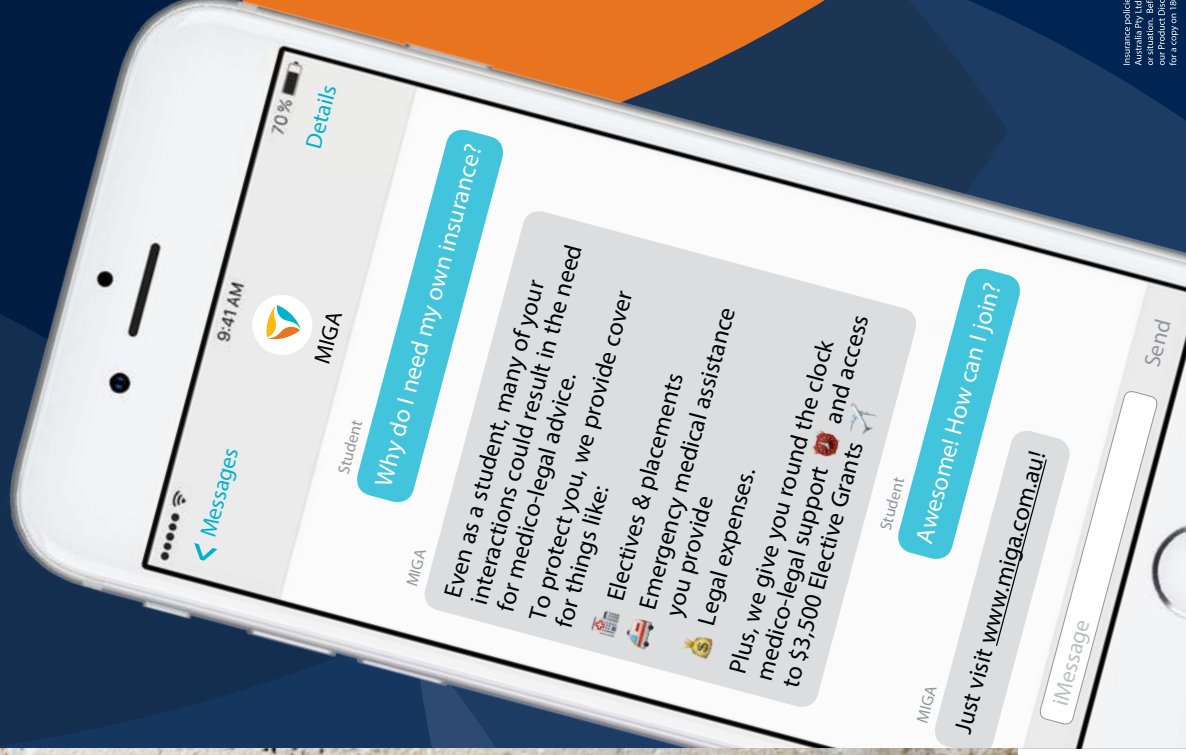
Complimentary Membership & Cover	Extensive Medical Indemnity
Live Well, Study Well Activities	24-Hour Medico-legal Helpline
Free Access to The Electives Network	Medical Society Alliances
Discounted Medical Texts	Student Ambassador Network

To join or find out more visit mdanational.com.au or call **1800 011 255**



The MDA National Group is made up of MDA National Limited ABN/CT 705 601 771 and MDA National Insurance Pty Ltd ABN 55 059 271 417 AFS. Licence No. 238073. Insurance products are underwritten by MDA National Insurance. Before making a decision to buy or hold any products issued by MDA National Insurance, please consider your personal circumstances and read the Product Disclosure Statement and Policy Wording available at mdanational.com.au. AD065

Protect yourself with FREE medical indemnity insurance for students



What are you
waiting for?

Joining online
is easy – visit our
website today!

www.miga.com.au

Insurance policies available through MIGA are issued by Medical Insurance Australia Pty Ltd ABN 55 059 271 417 AFS. Licence No. 238073. Before you make any decisions about our policy, please read our Product Disclosure Statement and consider your own needs. Call MIGA for a copy on 1800 777 156 or visit our website. © MIGA November 2016





THE ANATOMAGE TABLE @ FLINDERS

Since 2016 the School of Medicine at Flinders has integrated three Anatomage Tables in Adelaide, Renmark, Mt. Gambier and Darwin. These high-end electronic devices will support our medical students by providing ongoing access to 3-dimensional real size human bodies to enhance their learning experience and, of similar importance, enhance interaction between students and clinicians. *But what are these tables and how can they be used?* The Anatomage Table is a highly sophisticated educational tool that can be used for multiple purposes starting from lectures and practicals and extending to training in pathology and surgical procedures. It can be thought of as a giant touch screen computer that enables the user to experience high resolution Anatomy of the human body in life size and to access radiological images, including over 500 different pathologies. Tissue layers can be removed, blood vessels, nerves or organ systems separated and structures annotated. The content of the table was produced from photographs and radiological images of donated human bodies, a female and a male, by cutting 200 µm thin slices with photographs of each layer (Park et al., Visible Korean Human: Improved serially sectioned images of the entire body, IEEE Transactions on Medical Imaging, Vol.24, 352-360, 2005). Therefore, what is presented using the table is "real". Visiting or re-visiting Anatomy without the need of re-entering dissections is now possible.

Working with the table is most beneficial when you actively use it. The 280 students in Years 1 and 2 in Adelaide may have more limited access, whereas the advantages of the table can be fully explored by students in Darwin, Mt Gambier and Renmark.

So, what to do to extend its usability? We have added features to the table so that we are able to project content to screens in the Gross Anatomy area and lecture theatres. It enables us to use the table in lectures, practicals for

demonstration in addition to the opportunity of individual access. Two Advanced Studies projects currently underway are helping determine how the table will best support learning. Does it improve student learning to access the table and "play" or is it more efficient to have specific tasks? The answers will help us use the table to facilitate learning and understanding, allow us to target specifically complex areas, improve understanding and reduce time for students to gain confidence in structure recognition. In addition the "Adelaide" table will be placed in the medical library during weekends and will be available for interested staff and students that have received an introduction in operating the table.

Beyond Years 1 and 2 of the medical course, we aim to use the table in clinical workshops including workshops for clinicians and Year 3-4 students, providing the perfect opportunity for all participants to revisit and apply Anatomy knowledge. We hope the table will support the interaction between clinicians and students. The first Anatomage workshops in Mt Gambier and Renmark have already been held, enabling clinical and teaching staff in our rural campuses to work with Anatomy teaching staff in planning how to maximise our students' learning experience.

Will the table replace dissection? Certainly not at Flinders. We consider the cadaveric dissection as an irreplaceable component in Medical Education. But the table will certainly supplement Anatomy teaching and will provide a magnitude of opportunities to improve and facilitate the understanding of complex 3D structures. Unfortunately it will not reduce the amount of Anatomy to be understood but we honestly think it can make it easier to deal with.

Professor Rainer Haberberger and Dr Christine Barry



Academic

Fantastic Bugs & What to do About Them

I've always wanted to be a doctor and, for the 18 months I lived in England, aspired to study at the enigmatic London School of Hygiene and Tropical Medicine. Though I'm now aiming for a different field, weird and wacky diseases will forever capture my attention. Australia is certainly wild enough for such curiosity. As Bill Bryson stupendously said:

'Australians...spend half of any conversation insisting that the country's dangers are vastly overrated and that there's nothing to worry about, and the other half telling you how six months ago their Uncle Bob was driving to Mudgee when a tiger snake slid out from under the dashboard and bit him on the groin, but that it's OK now because he's off the life-support machine and they've discovered he can communicate with eye blinks.'

I'd go back to the UK only to visit the Hunterian Museum at the Royal College of Surgeons of England (think skeleton of a 7.5-foot tall "Irish Giant", cast of a Yeti foot etc.) or to undertake a surgical elective at St Bartholomew's ("Bart's") Hospital, which was founded, astonishingly, in 1123. It's also near the site where Mel Gibson William Wallace supposedly cried "Freedom!" as the crowd made a start on their GIT Learning Objectives...if you get my gist. Just watch *Braveheart*.

I was introduced to fantastic bugs and other fanged creatures during my family's British military posting in Brunei. Because of mosquitoes, venomous green snakes and potentially rabid macaques and wild dogs, my brother and I weren't allowed to play outside. We also didn't want to risk a bacteria-laden bite from Arthur, our "pet" monitor



Blue face-paint anyone?



St Bartholomew's ("Bart's") Hospital.

lizard. Unfortunately, the pondok (outdoor room) didn't offer complete protection – I remember clambering onto my Fisher-Price ironing board as an enormous viper worked its way through the wire mesh and slithered along the tiles. The house wasn't free of jungle critters either – no bath was complete without a dive-bombing chit-chat and a venomous (surprise, surprise) centipede bit my father on the neck.

*Bornean Keelback Pit Viper. *shudder**



(Above) Macaque. Little thug. (Above, right) Chit-chats were humanely dispatched with a rolled-up BMJ. (Right) Giant centipede. It has enough venom to kill a child. If you're bitten (they're found in Australia too), apply heat to the wound to denature the venom.



The London School of Hygiene and Tropical Medicine.



Our home on Jalan Dato Rooney in Berakas Camp was bordered by jungle and the South China Sea. 5° North of the Equator so 80% humidity and an average temperature of 36C every day! (Below) A sticky walk around Berakas Camp with the obligatory "monkey stick".



We can't cover everything at medical school and we won't see everything as doctors. The fact there's always something to learn is, I think, part of the magic of Medicine. Perhaps you'll take something, even "medical student-itis", away from this piece.

Dermatobia hominis

I like to think I've got a pretty strong stomach...but myiasis, or infection with fly larvae, sends shivers down my vertebral column. You'll swat *D. hominis*, the botfly, in Central and South America. The adult botfly lays its egg on a mosquito. As the mosquito feasts on the host, warmth from the skin causes the egg to hatch. The botfly larva then penetrates the subdermal cavity through the mosquito bite and kick-starts its own gastronomic shindig. The larva emerges from the central pore 5-10 weeks later to pupate and bully the next generation of mosquitoes.

Larvae are typically removed surgically. But what if you don't have the equipment, let alone the training? You could put up with the squirming sensation for 5-10 weeks...or you could get yourself some petroleum jelly and a pair of forceps. As the larva asphyxiates beneath the petroleum jelly, it will retract its spines and search for air with its breathing tube. Now, just whip out the larva with the forceps.

Dracunculus medinensis

D. medinensis, better known as the Guinea worm, is localised to remote parts of Africa. Infection occurs through untreated water; the host slurps down crustaceous copepods loaded with larvae. The copepods die in the stomach and the larvae wriggle into the retroperitoneal space. Is your skin crawling yet? The male worms die following copulation and the female worms, now 70-120cm long, migrate toward the skin of the lower extremities. One year after that fateful slug of water, a female worm forces her way through a blister. The host plunges his/her limb into water to relieve the associated pain, allowing the female worm to release her larvae.

To extract your Guinea worm, you'll need water and a stick. Topical antibiotics are a good idea too...but this is Placebo, not the Therapeutic Guidelines. Firstly, immerse your affected body part in water to coax the worm into the outside world. Next, apply traction to the worm until you feel resistance. Wrap the worm around the stick to save your progress and repeat these steps until she emerges intact from the blister. Simple.



Phlebotomine sandfly

Last but not least, the miniscule (2-3mm long) phlebotomine sandfly transmits protozoa responsible for the horrendous leishmaniasis. Of the 500 known phlebotomine species, only 30 are associated with disease. The female sandfly must ingest blood for egg maturation. If the host is infected, she will consume macrophages containing amastigotes; these develop into promastigotes over 4-25 days. The sandfly then painfully inoculates an uninfected host.

Leishmaniasis is a Neglected Tropical Disease (NTD) occurring in the tropics, subtropics and parts of Europe. NTDs unacceptably affect more than 1 billion of the world's poor. Cutaneous leishmaniasis is characterised by debilitating, stigma-inducing ulcers and scars. Mucosal leishmaniasis destroys the mucous membranes of the nose, mouth and pharynx. Perhaps most notoriously, kala azar, or visceral leishmaniasis, is associated with irregular fevers, significant weight loss, hepatomegaly, splenomegaly and anaemia.

Alice Dalrymple // MD 2



Coming to you
September 2017

THE LITTLE INTERN



medrevue@fmss.org.au

mips where
members
matter

*For a few brief moments he
had touched with the very
tips of his fingers the edge
of a magical world.*

*George's Marvellous Medicine,
Roald Dahl*

The Magic = of = Medicine

My name is Nuralyah Razali. I am a Singaporean. I am a Muslim. I am a Malay. These three identities together have shaped and influenced my life. The Malays make up 13.6% of the total population of Singapore. According to demographic statistics, I am a minority. Are there societal stereotypes in being a minority? Yes. Has it affected me in some way or another? Yes. Has it stopped me from achieving my dreams? No. To me, being an ethnic minority and a Muslim in a global city-state has not limited my mental capacity and strength to seize the opportunities each day brings. Because I am fearless and I am proud to be a unique individual. Where I come from, there are not many Malay Muslim doctors. I aspire to fill this vacancy one day.

I think the magic of Medicine transcends cultural and religious boundaries. To me, it is the heart and soul of humanity. When I look at a patient, I don't see them by their skin colour, or where they come from or what language they speak. When I look at them, I think about him or her as someone who is loved and has loved. I think about how important his life is, not just for himself but for the people around him. The people who raised him, that very special someone who cares for him and who will hurt if he dies. We do not know the nature of each soul we meet or how that soul influences life. But we do know one very crucial aspect of life; the presence of the soul in the body. It is with wisdom and compassion that a doctor should address this entity.



Family members sending me off on February 9 2016.

When I first came to Adelaide in February 2016, I was nervous and excited. Here I am, 5414km away from family and friends, ready to chase my dreams and return in 4 years' time to serve the community. But through the excitement, I was worried about facing racism. In a world where societal perceptions and ideologies are heavily influenced by social media, how do I – this hijab-wearing Asian girl – stand up to negativity if I ever chance upon it? How do I show those who are afraid and weary of “my kind” that I am just like every other person in this world? I am a flawed human being, trying to do good and be good.

The magic of Medicine is the key.

Throughout my first year in medical school, I got to meet patients and work with many healthcare professionals from various cultural and religious backgrounds. Some were curious about the way I wear my scarf, where I come from and what I think about ISIS – just to name a few. There were both easy and difficult questions. But they gave me an opportunity to share with people more about my culture and my religion. My three identities. The difficult questions made me ponder whether I truly understood my own religion and my purpose here, and the hereafter. I remember speaking with a patient at Flinders; this was how our conversation came along:



At Hallett Cove Conservation Park, November 2016 after final MD Exams



"You're a Muslim, right?"

"Yes I am."

"And you believe in God?"

"Yes I do."

"I don't...but can you pray for me?"

When I returned to Singapore to complete a hospital attachment with Consultant Cardiologist Dr Abdul Razakjr, I had a similar conversation with a patient of the same race and religion as me:

"It's my first time seeing a Malay student wearing a hijab doing attachment here. Are you a doctor?"

"I'm a medical student."

"Wow. There are not many Malay doctors here you know? I'm glad to see our Malay generation progressing. Don't give up."

...the patient is wheeled into surgery...

"Can you pray for me?"

These two encounters struck me the most as a First Year medical student. On the one hand, I met someone so unlike me and, on the other hand, I met someone so like me. But from both situations, I learned the same life lesson. Patients look to doctors as a beacon of hope; no matter your culture, religion, gender or sexual identity. Of course, some may argue that I'm yet to face circumstances where patients do not want me as their doctor. But I am hopeful. I am always hopeful.

On the last day of my attachment with Dr Razakjr, the first Malay Muslim heart specialist in Singapore, he gave me a piece of advice:

"Think about what our people need, what problems our society is facing and think about how you as a doctor can provide help and guidance to them."

I have yet to comprehend how impactful one person can be, how pivotal my role is as a Singaporean Malay Muslim medical student – to change societal stereotypes and to inspire the next generation to be better and braver and to dream bigger. But I have always believed that every chain reaction starts with a catalyst...and someday I hope I can be one; to continue what has been set by previous generations, some of whom had lesser means than we do now. I have so much more to learn at Flinders University. So many life lessons and stories to take back to Singapore one day. So many opportunities to seize, to grow and be a better person. While writing this article, I am reminded of one very important thing. I am a beacon of hope. Being a doctor isn't just about having a career and saving lives. It is about the minute things that you can do in your everyday work to break down boundaries dividing us.

And that to me is truly the divine magic of Medicine.

Nuralyah Razali // MD 2



(Top left) With Dr Razakjr. Attachment at Raffles Hospital, Singapore, December 2016. (Top right): Prep for pacemaker surgery with Dr Razakjr. (Top Middle): Semester One PBL Group. (Above): Semester Two PBL Group



Peter's Miracle

"The next day a lady from Oncology came by and quite bluntly told me I had incurable stage 4 bowel cancer with liver metastasis... I asked how long I had to live and she burst into tears."

I remember my friend, Peter Bennett, telling me this news in December 2011. He was 31 years old. I had followed his medical story on Facebook for some time – from his initial extended admission to hospital in November, which, to me, had seemed so precautionary, to this final diagnosis. Part of my incorrect perception of the seriousness of Peter's condition came from his resounding positivity, including at diagnosis: "I was trying to convince the medical staff to fix me up quickly as I had a concert to go to on the Gold Coast in a week, the Foo Fighters, and tickets, plane fares and accommodation had already been paid for."

This is Peter's story; one that reminds us to live our lives without fear and to care for the ones we love. It proves to us all that Medicine can be magic.

Peter first felt feverish in November 2011. With no other symptoms, he reacted as any other seemingly healthy young person would – he passed it off as an infection. Living in a town of 500 in remote western Queensland meant there was little medical assistance and it certainly was not in the former Richmond Shire Council accountant's personality to be any trouble to anyone. However, 3 days later, as he stood under a cold shower desperately trying to ease his 41.1°C temperature, he realised something was very wrong: "I felt like I was being cooked alive".

After presenting to the local Richmond Base Hospital, it wasn't long before Peter was transferred to Townsville General Hospital – initially being checked over by the doctors from the Centre for Tropical Diseases. He was started on IV amoxicillin.

"Due to the illness and not wanting to eat I lost 12kg in a week and over the course of the next week lost another 4kg," he said.

"I was so weak from the illness that even having a shower tired me out and I could barely walk."

Three days after being admitted, the fevers had stopped and Peter was cleared of any tropical diseases. The next step was a CT scan.

"On the sixth day in hospital I was told by a nurse that there were some dark spots on my liver and that the doctor would come around later that day to discuss the results," he said.

In 2017 – 6 years later – Peter still clearly remembers the look on the doctor's face as she told him the news.

"The doctor told me that they had found a cancerous growth in my bowel and that the primary cancer had burst out of my large intestine and spread to my liver... It was inoperable," he said.

"I asked her if there was anything they could do to which she replied they were going to start me on chemotherapy and see if that made any difference. I was told to present myself at the hospital on 30 January 2012 to start my treatment."

"I let the news settle in for an hour or so and then rang my mother, who was living in Boulia at that stage."

"The news hit her hard and she couldn't speak so I talked a bit with dad before getting too choked up myself and ending the call."

Ironically, Peter's dad is currently in remission for bowel cancer, a diagnosis he received not long after Peter.

"After my initial diagnosis I told friends and family members that if they wished to visit me in hospital there was to be no crying as that doesn't help anyone," he said.



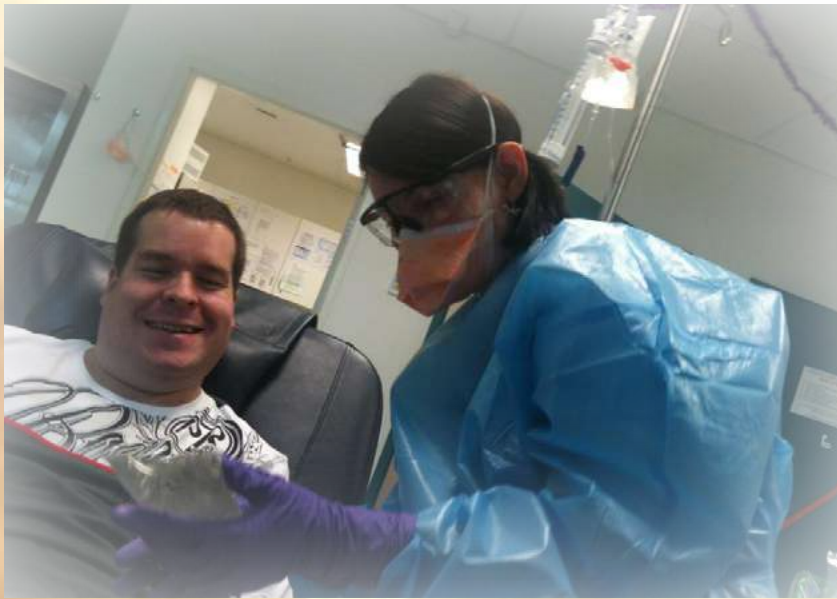
"Secondly that they could crack as many jokes even inappropriate ones as they liked."

After his initial shock, Peter's priority was now about proving the doctors wrong.

"I became very clear of thought," he said.

"After my first bout of chemo and feeling fine I decided I would go to the Gold Coast for a week with some of my friends and party like there's no tomorrow – I figured if the worst was to occur I couldn't take me money with me so I might as well live it high for a week."

"I must say that was one of the best weeks of my life... That week really got my head in the right space of mind to fight the good fight."



After reading about the benefit of positive thoughts while receiving treatment, Peter began to put his own therapy into place.

"The next time I went in for chemo I took my laptop and put on some toe tapping tunes to get me through the day," he said.

"In subsequent visits I would take in good old Bollywood musical movies that always brought a smile to my face although I really have no idea why."

"They are cheesy and the acting is bad but I think it was the music that I liked."

Peter kept his mind in such a perfect state of health that he felt it appropriate to decline the services of the hospital social worker.

"I told her to give her time to people that needed her help as I was fine and would pull through this just fine," he said.

"After that she continued to check on me even to just say hello and at the end when I was told I was in remission she just gave me a big hug."

"So many people that went in for treatment seemed resigned to their fate and curled up looking very frail even those who were not elderly."

"I believe half the battle is in the mind and if you lose it there then you lose it in the body."

It was in June 2012, just 6 months later, that Peter was told the chemotherapy had cleared all evidence of secondary cancers and that the primary cancer, within the colon, had shrunk to an operable size. He was booked for surgery in early August.

"My keyhole surgery was very successful with the primary tumour removed along with 31cm of my large intestine, 18cm of my small intestine, my appendix and localised lymph glands," he said.

"After the surgery I was required to give blood every 3 months so they could monitor my tumour markers. These blood tests were reduced to twice a year after 3 years of being in remission. I also undergo a CT and PET scan every year."

Peter's scans have been cancer-free ever since.

But it wasn't just his health that benefitted, Peter learned how to train his mind to work for him in all aspects of his life.

"I lost my shyness and gained confidence including beating my fear of public speaking... I realised there were worse things to worry about," he said.

"The day after surgery when I was told I was in remission I asked out a local Richmond girl that I had fancied for a while but was too shy to ask... After 4 years we are still going strong."

"My new-found confidence also spurred me on to take the position of CEO for the Richmond Shire Council which I have been doing for the last 3 years and love it."

"I have found my silver lining out of this whole scenario and I am grateful for each and every day."

Note, Peter remains fearful of heights.

Alexis Gillham // MD 2





SECRET DIARY OF A MED STUDENT'S GIRLFRIEND

The content of this diary has never before been published. First found behind a microwave in the student common room, this diary appears to be a record of the internal musings of a slightly unhinged partner of a medical student.

15 January 2017

Dear Diary,

Med student has been very busy. Today I went to an O-week event just to spend time with him as he'd been locked in his study cave for days.

NOTE TO SELF: Med students ~~aren't~~ are trying really hard to talk about things other than Medicine but their brains are exploding with knowledge and they just want to share the learning.

TTYL,
MSG

30 January 2017

Dear Diary,

Last night was wonderful. I was lying in bed looking up at him. It felt like weeks since it had happened. He began slowly. He asked if it hurt, I laughed and said, "just take it slow". He gently caressed my midsection, running his hands expertly over my hips.

And, sorry, by gently caressed, I mean he dug his hand awkwardly into my side, allegedly "balloting" my kidney. And by expertly, I mean like a Second Year med student learning how to do a gastrointestinal exam, so the exact opposite, actually.

"Ok, so you need to warn patients that balloting will hurt," I growled.

"Moving to the right iliac fossa," he replied, seemingly oblivious to my pain.

TO DO: Prepare for being practise patient by taking many painkillers. Med student has rid the house of NSAIDs for their alleged "nephrotoxicity". Find secret stash.

Love,
MSG

15 February 2017

Dear Diary,

FRIENDLY REMINDER: Don't answer seemingly harmless questions about your health. It's a trap! Med student is trying to diagnose you.

Google for later research: possible illnesses I may have according to med student:

- Irregularly irregular heartbeat?
- Marfan's syndrome? Or just freakishly long fingers?
- Childhood allergy? Deformed face?

Xoxo,
MSG

25 February 2017

Dear Diary,

I'm sick. Asked med student if he could check my throat. Turns out I can't make my tongue flat and he has no tongue depressors. What use is having a med student around "Children can't flatten their tongues either," he says.

"I'm a real adult," I moaned in a Pinocchio-like fashion, sulking and walking back to bed, intentionally coughing into my hands instead of the crease of my elbow.

(just kidding, I'm not a monster)

QUESTION: Did my flu vaccine cause this illness? Is it worth "pretending" I think it did to infuriate the med student? *googles flu vaccine*

Xoxo,
MSG



28 February 2017

Dear Diary,

Today I dragged myself out of bed to find that my car keys, last used by med student, weren't in their correct spot. Never mind that I rarely leave them in their spot I was furious. My sunnies were in the car. I needed to get them so I could go to work, and if I didn't go to work, I wouldn't get paid, and then we couldn't pay rent, and couldn't eat food, etc. etc., drama drama, spiral spiral. This rant concluded with me, standing in the laundry, blubbing and snortling with mascara dripping down my face, screaming, "I JUST NEED YOUR HELP!" as med student, the target of my rage, stepped unsuspectingly out of the shower.

Yes Diary, I know what you're thinking - this is so unlike you - you're so put together. I know, I know. But sometimes even the best of us have a bad day as a result of not seeing med student for what feels like weeks.

Diary - brace for a serious moment! The wives and girlfriends, the husbands and boyfriends, the partners - we know the toll that med school takes on its students, because it takes a toll on us too. Those hours of sleep they're losing - we're losing them too. Those hours they can't work because they're studying - we're working them instead. Those hours they can't hang out with their partner because they're studying - we're ~~studying too~~ just sitting on the lounge eating ice cream out of the tub whilst binge watching Netflix and feeling very alone.

I'm ok with doing extra cleaning, and extra cooking, and even with the guilty feeling that comes from having a good time when I know med student has work to do at home. All I ask is that med student doesn't forget that only one of us gets those shiny letters at the end of their name at the end of the 4 years.

QUESTION: Could I ask for some of the letters? The bottom of the M? The curve of the D? To ponder over time.

Tomorrow is another day.

Love,
MSG

5 March 2017

Dear Diary,

Reasons I am not jealous of med student #28: I don't have to worry about an Anatomy lecturer shaking his head at me in a very German way next time I incorrectly identify what innervates the superior vena cava. (It may not be innervated. I'm not a med student. How would I know? Oh wait, I'd go to a med party and they'd all tell me.)

To do: Research nerves and hearts etc.
study Medicine?

Xx
MSG

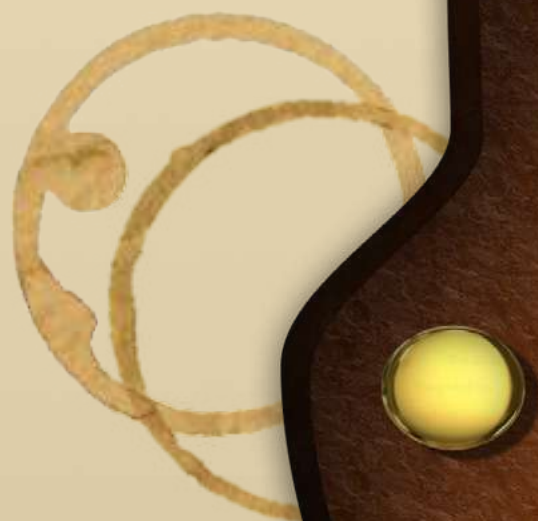
10 March 2017

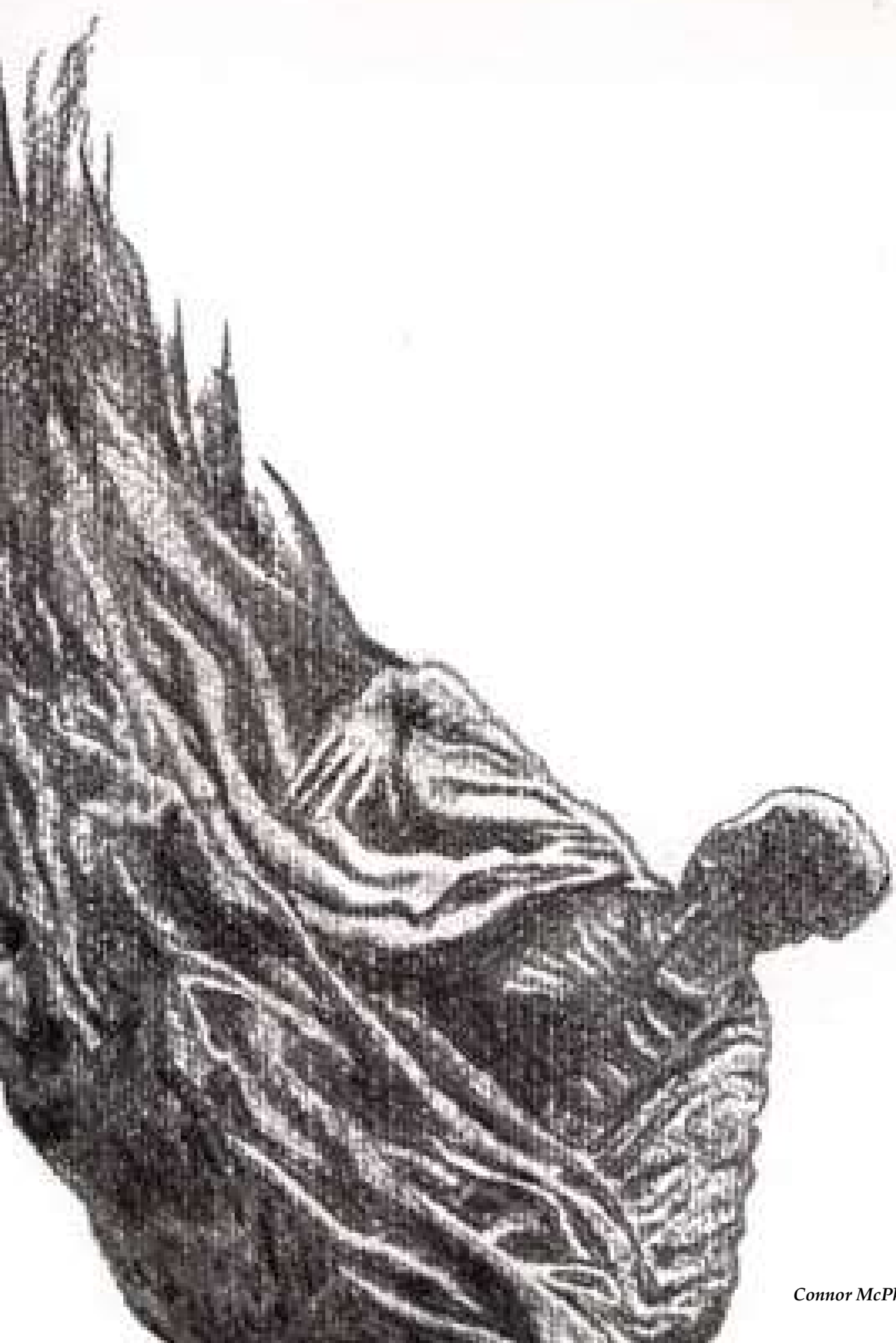
Dear Diary,

Med student is really good at pub quiz now that he is in second year of Medicine. Too bad he can never come because he has to study.

Tonight I was dreading coming home. Telling med student that I answered that there were 9 vertebrae in the cervical spine was just like the time I had to tell my parents that I was moving to Adelaide to follow said med student.

Until next time,
MSG.







Gringotts isn't unique: Our banks have goblins too

Have you thought much about the bank you're with? Or is it still the bank your Dad set up for you when you were 13 years old?

Your bank is a huge deal. They make a lot of money out of you trusting them to babysit your dollars for a while. I'd like to trust the guy who's looking after my money – wouldn't you? How do you know he isn't doing dirty deeds with your money? And if he is, you are, inadvertently, paying him to do so. Well, well, well, I think we need to scrutinise your bank a little more.

Banks survive by investing in other companies. Often, these are large corporations tied up with oil and gas. Things that may be damaging our environment and society. Therefore, you are supporting the bad guys. And all the while, you might have only thought about how much interest they'll give you on the 1st of the month. But did you know that fossil free, responsible investing has been shown not to affect your investment returns¹?

Divestment means putting your money where your mouth is and making sure your money is being invested in ways that align with your values. This year, banking giants including Commonwealth Bank, ANZ, Westpac and NAB have invested billions into the fossil fuel industry. Divestment has taken off around the world, with many individuals and companies already divesting up to \$50 billion. However, this is still a small fraction of the total market. We need your help!

As doctors and medical institutions, we are considered good business for banks. This means we can really talk with our dollars. Divestment is an easy, simple way to make a huge difference.

If you knew which banks were going to use your money more wisely while it's piling up in their vaults (I'm thinking Gringotts), then would you think more carefully about where you store your money? Take a look at the Compare Bank Table on Market Forces².

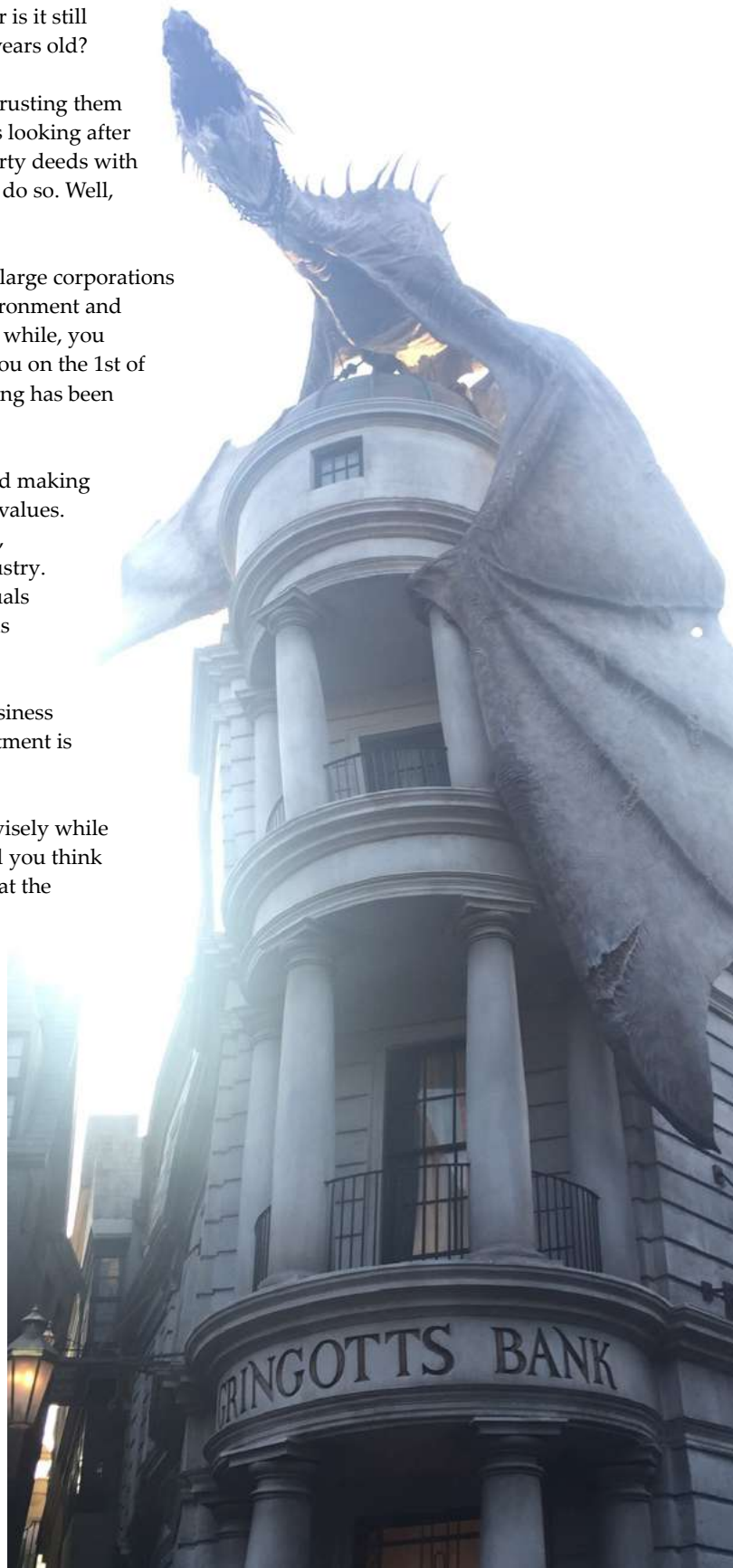
Consider the following banks:

- Australia Bank
- Bendigo Bank
- Beyond Bank
- Credit Union
- Rabobank
- Rural Bank
- And many more!

Let's disarm those corporate giants – *Expelliarmus!*

Alisha Thompson // HHRG Environmental Director

-
1. Responsible Investment Association 2014, 'The Climate Has Changed'.
 2. <http://www.marketforces.org.au/banks/compare>



A portrait of Dolores Umbridge, a character from the Harry Potter series. She has short, styled brown hair with blonde highlights, blue eyes, and a slight smile. She is wearing a red velvet collar with a large bow and a circular brooch, over a red patterned jacket. The background is a solid grey.

*Dolores Umbridge
was probably pro-coal*

Just because the Hogwarts Express runs on coal doesn't mean we should. The use of coal has been intrinsic for our developing societies, dragging people out of poverty and powering innovation. Ozymoronically, coal may have powered its own demise. And ours. Once necessary, the environmental, health and social consequences of burning coal are today disproportionate to its benefits. Instead, we should diverge from elitist political rhetoric and focus on the health of the Australian population by promoting investment and innovation in renewable energy sources. Without sounding pretentious, we possess great societal influence as medical students and future doctors and we should endeavour to do good with such privilege.

Coal is the energy equivalent of Peter Pettigrew at the end of the third movie when he was super dirty and looked like he smelled. Though coal is cheap and efficient, and pivotal in the development and industrialization of many countries, it is dirty. Without coal, would the Industrial Revolution have powered England? Without coal, would the great Siberian Railways have been erected? Without coal, would millions in India have been pulled out of poverty? Probably not. However, the short-term benefits of coal are circumvented by the magnitude of negatives burning it entails.

Political rhetoric regarding coal burning in Australia doesn't present as pertinent to us as medical students. However, in the words of Anna Vnuk regarding progress testing, "everything is relevant." Further, coal burning is associated with negative health outcomes, which does come under the scope of medical students and future doctors. Coal combustion is detrimental to the environment, releasing hazardous pollutants into the air such as particulate matter, sulphur dioxide, nitrogen oxides, carbon dioxide, mercury and arsenic. No safe limit of these pollutants exists, with even low levels posing significant health risks to all sentient beings exposed (including this vegan author). Inhalation of these irritants has been associated with increased risk of asthma, chronic lung disease, restricted lung growth in children, lung cancer and cardiovascular complications. The morbidities and coal power output can be juxtaposed and it is estimated that 24 people die from the emissions produced per terawatt of power. The decimation of the environment due to coal mining has resulted in mental distress for occupants of those regions (significant mental distress may even lead people to disagree with veganism, a terrifying prospect). Solastalgia manifests as increased anxiety, depression and substance abuse issues in those who previously self-identified with the land.

The financial implications alone suggest we should divest from coal-based power. The Australian Academy of Technological Sciences and Engineering estimate the health burden to be \$13 per MWh of electricity generated from coal, \$2.6 billion per year. Apply this to the Hunter Valley; the coal fire there contributes \$6.3 million to the NSW economy. However, direct health costs associated with air pollutants total \$600 million and the total social cost of the carbon produced, 348 million tons, equates to \$16.4 billion per year (estimated by EPA figures).

Coal fire power is dirty, outdated, and as useful as Gilderoy Lock- hart in Defence Against the Dark

Despite the health, social and financial arguments for protecting the environment, there is a moral one that prevails. We as people are irreversibly intertwined with the environment. It is central to our very being. Understanding this and the value of all sentient beings (vegan) is crucial to understanding our current and future roles in the world. Medical students and doctors have a profound influence on and receive a great deal of trust from the public. Understanding this and the responsibility this entails is crucial, as is being educated on Environmental and Public Health issues. Advocate for political and environmental reform and, as well as treating diseases, rectify the causes of ill health. Environmental advocacy doesn't mean protesting in Rundle Mall with the socialist alternative wearing recycled sandals. It can mean as little as recycling, cleaning up waste and educating yourself to get involved in political action groups or advisory groups such as Doctors for the Environment Australia (DEA).

Coal fire power is dirty, outdated, and as useful as Gilderoy Lockhart in Defence Against the Dark Arts. Systematic reduction and closure of coal fire power is crucial to long-term sustainability and public health. Financial, health, social and moral arguments support this notion, however, in the face of government indecision and big business lobbying, advocacy is becoming increasingly important. The role of doctors as advocates of public health is paramount to guide policy toward an evidence-based model which ultimately protects the environment, fosters good public health and prevents disease.

Imagine if Harry Potter hadn't destroyed Voldemort's Horcruxes first before duelling him. No matter how well Harry fought, he couldn't have defeated him. Harry and his friends would be dead, Hogwarts would be destroyed and J.K. Rowling wouldn't have sold as many books because frankly what an awful ending. Be like Harry and stop the problem by attacking the cause before the effects.

Liam Ramsey // MD 1

MD 2, you've read *The Anatomege Table @ Flinders*; now you're wondering how you can get your carpals, metacarpals and phalanges – actually, preferably a stylus pen (available in the Gus Fraenkel Medical Library) – on the mandible-depressing device. Contact one of the following students for training. You'll then be able to book the Anatomege Table on weekends.

- Alice Dalrymple (dalr0006@flinders.edu.au)
- Alyce Dimmock (dimm0003@flinders.edu.au)
- Andrew King (king0371@flinders.edu.au)
- Kat Evans Sanchez (evan0323@flinders.edu.au)
- Madi Oprea (opre0004@flinders.edu.au)
- Roland White (whit0977@flinders.edu.au)



World's Greatest Shave

On March 16 2017, Julie Huynh, Alex Newton, Jacob Ross, Alexis Gillham, James Cohen, Jude Bottos and Jonathon Weston shaved their locks for the Leukaemia Foundation.

The team has so far raised more than \$8000.

If you'd like to donate, please visit: <http://bit.ly/shaveforacure17>



Bravehearts 777 Marathon

Second Year student Callum Brewerton is raising money to protect children against sexual abuse and to support victims.

Over 7 days (26/06-02/07/17), Callum will run seven 42km marathons across seven states.

We wish Callum the very best of luck as he wears down his trainers in Perth, Adelaide, Canberra, Melbourne, Hobart, Kingscliff and Gold Coast.

To donate and help Callum reach his target of \$10,000, use the link below or find his Facebook page @CalBraveheart777.

<http://bit.ly/bravehearts777>





BOQ SPECIALIST

Distinctive banking



Studying medicine will open many doors, including ours

Not everyone is eligible to be a client of BOQ Specialist. But you are.

As a medical student, you can join the numerous doctors who have chosen to trust us with their finances throughout their careers.

We've worked with the medical profession for over twenty years and because we've taken the time to know more about you, we can do more for you.

Visit boqspecialist.com.au/students to find out more.

Transactional banking and overdrafts / Savings and deposits / Credit cards / Car finance / Home loans

Products and services are provided by BOQ Specialist - a division of Bank of Queensland Limited ABN 32 009 656 740 AFSL and Australian credit licence No. 244616. Terms and conditions, fees and charges and lending and eligibility criteria apply

Pals in Nepal

20th November – we left for Nepal
Some from Adelaide, some from Sydney
Boy, oh boy! Had a memorable time with pals
In the bustling Kathmandu city.

Nourished in the mornings by Bheem,
One, two, three delicious banana pancakes
And we commenced the hospital walk with a gleam
Recited all of us the Nepalese phrases, with a few pedestrian breaks.

On the feet, in the transport, people galore everywhere
Honk, honk! Amid this traffic chaos
Ask Joseph, and Georgia, luxury was some fresh air
Reached the hospital gaily three pedestrian bridges across.

I, in the ED, reported to Dr Happy
Short in stature, always a blue cap, learnt and made me learn
Through his ways self-categorized “snappy”
Of the concerning Nepalese healthcare system that does many a turn.

Sundays to Fridays in the hospital
Boy, oh boy! Did we not wait for Friday nights?
Ask Master Dustin and his game of puff-puff cardinal
None shall forget the Captain Will led Attic walks, and Ibiza micro-fights.

Roommate Callum & I,
Let the tiny room experience our aroma
First a bit shy, by the end in abundant supply
Feisty cricbuzz e’ry night, reckon we both had a diploma.

Many days enjoyable, some tough,
The gentlemen – Ben & Tom stood by me
In the few days that were rough
Thank You. Your support was the key.

Trek – what a physical and mental challenge!
Looked after each other, still Poon Hill took a toll
Glad, we had Niraj – full of trekking knowledge
6 days after, “Yea the boys” came out from everyone’s soul.

Raw and undiluted natural prettiness,
Medical and worldly knowledge I experienced
Of the sonorous urban Nepal and tranquil of mountains,
I thank the FGAP, the pals in Nepal tales shall stay ingrained.

Anandpreet Ghataura // MD 2



Above: After the long visa queue-wait at Kathmandu's Tribhuvan International Airport, the Flinders brigade was welcomed like a winning cricket team – garlanded with flowers.

Left: Smiles all round!

Below: We're not taking two taxis! The crests and troughs felt on the way to the Swayambunath Monkey Temple were certainly memorable. And the driver still charged us extra – should have bargained more.

Above Right: Amidst the traffic chaos, Master Dustin and Ben had to ask the school kids about our special dish at the Kathmandu Model Hospital (KMH) canteen – the MOMOs.

Right: One of the few places at the Swayambunath Monkey Temple where the monkeys didn't make it into the photo.



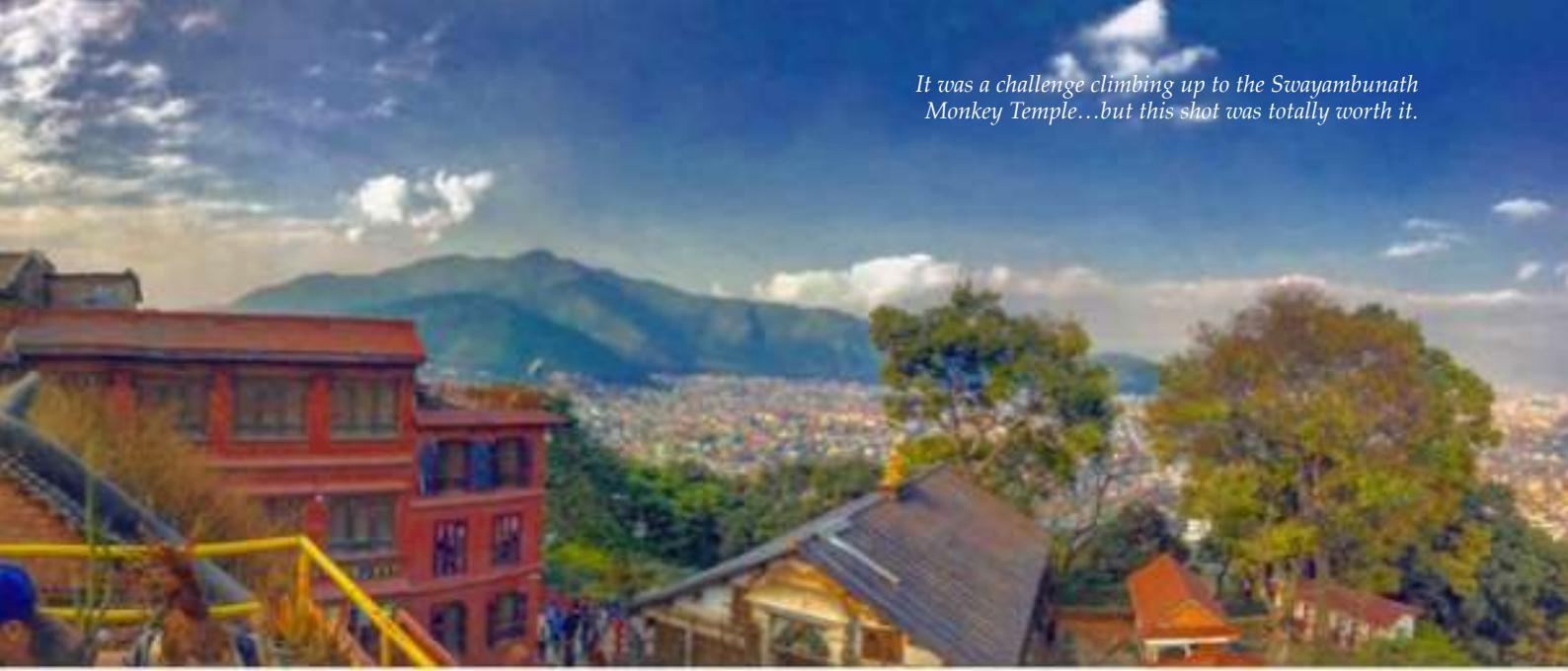




A timely capture before sunset.



It was a challenge climbing up to the Swayambunath Monkey Temple...but this shot was totally worth it.



Pokhara – the land of lakes.



Above: Capturing another capturer (Georgia).

Right: After 7-8 hours of trekking, it was time to relax, look at foot blisters, eat some popcorn and read a book. The serenity of this place was very welcome after 2 bustling weeks in Kathmandu.

Below: Our wonderful guide, Niraj, who took care of us throughout the trip. Such down-to-earth gems are rarely found.



After the sunrise trek to Poon Hill from Ghorepani, my legs were trembling but I was overjoyed by experience of climbing in the dark with an iPhone torch.



"Aye Ben, that's Anand's GoPro. Let's say Hi in the time-lapse."



While everyone took a breather, I tried to improve my GoPro selfies – didn't work again in this photo.



The trek was not easy. It took a toll on the body, so rests in between were a must to rejuvenate ourselves.





Have you joined Australia's leading Medical Defence Organisation?

Avant Student Membership is free for all medical students studying in Australia.

Membership includes:

- Free Student Indemnity Insurance policy
- Access to medico-legal advice 24/7 in emergencies
- Market-leading student online risk education via the Avant Learning Centre
- Student e-bulletins and member communications
- Exclusive opportunities to participate in student placement programs and the Avant Student Advisory Council

Visit avant.org.au/student to join the MDO more doctors choose today.

Important Notice: Professional indemnity insurance products available from Avant Mutual Group Limited ABN 58 123 154 898 are issued by Avant Insurance Limited, ABN 82 003 707 471, AFSL 238 765. This information is general advice only. You should consider the appropriateness of the advice having regard to your objectives, financial situation and needs before deciding to purchase or continuing to hold a policy with us. Please read and consider the PDS at avant.org.au or by contacting 1800 128 268.

Urban Paddock Co.

**OPEN 7:30-4PM
FIVE SENSES
SPECIALTY COFFEE
GRAB & GO FOOD**

VINTAGE CARAVAN, GROUND FLOOR, HUB



Protection for your



EYES



HEAD



HANDS



FEET



EARS



PROFESSION

MIPS offers a number of membership benefits including indemnity insurance cover to assist you through your career.

Membership is available to healthcare students and medical, dental and nuclear medicine healthcare practitioners.

For new graduates, membership is free from the day of your final exams to the next 30 June. Visit mips.com.au/grad to apply.

If you are a practicing healthcare professional visit mips.com.au/quote for a membership fee estimate.

1800 061 113 | mips.com.au

Any financial product advice is of a general nature and not personal or specific. You should read the *Membership Benefits Handbook Combined Financial Services Guide* and *Product Disclosure Statement* available from mips.com.au/publications before making a decision on whether to join MIPS.

Medical Indemnity Protection Society | ABN 64 007 067 281 | AFSL 301912

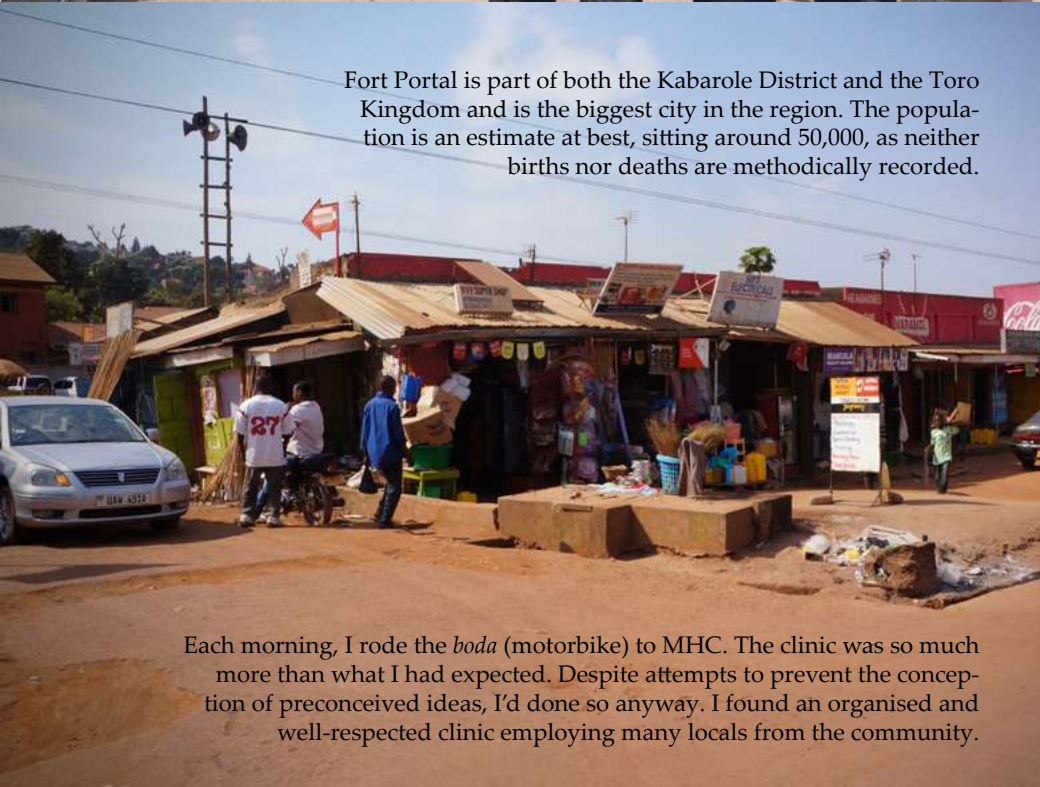
FGAP Uganda

On January 7 2017, I began my 30-hour trek to Fort Portal, Uganda to spend 2 weeks at Maranatha Health Clinic (MHC). It took 25 hours to make it to Uganda where I was to begin the 5-hour drive to Fort Portal located in the Western region approximately 300km from the capital, Kampala.





Fort Portal is part of both the Kabarole District and the Toro Kingdom and is the biggest city in the region. The population is an estimate at best, sitting around 50,000, as neither births nor deaths are methodically recorded.



Each morning, I rode the *boda* (motorbike) to MHC. The clinic was so much more than what I had expected. Despite attempts to prevent the conception of preconceived ideas, I'd done so anyway. I found an organised and well-respected clinic employing many locals from the community.





I was welcomed into the clinic from the get-go with staff greeting me with, “good morning doctor” as I made my way to the morning meeting. Ward rounds commenced soon after, beginning with the two children’s wards, then the female and male wards and lastly the private beds. I use “ward” loosely as they were the size of the average Aussie lounge room and contained as many cots and single beds as possible. The adult wards were much smaller, with no curtains separating patients. Relatives set up cooking equipment and bedding on the floor so they could stay overnight and tend to family members. All in all, it was pretty crowded!



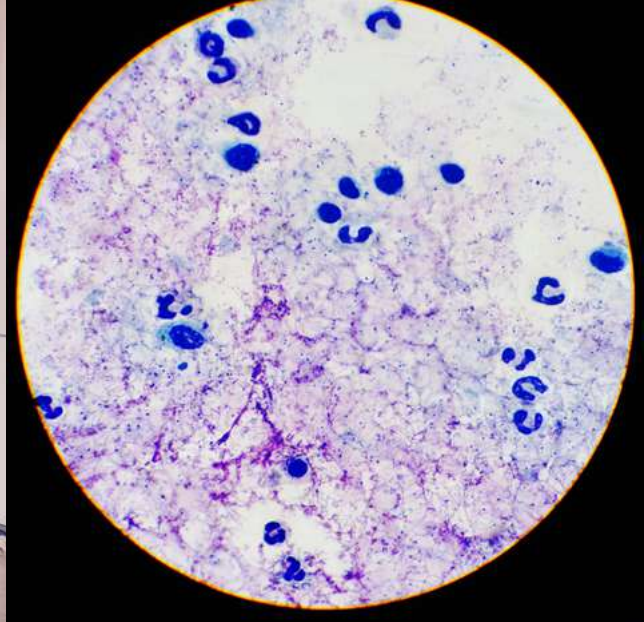


This is the children's ward on an unusual afternoon: every child with malaria has been discharged. It's just been cleaned and the mosquito nets are hanging over the cots. It's normally a challenge to navigate through here!

On the children's wards, malaria cases are separated from GI cases. Each morning, I checked the number of quinine doses a child had received and compared their status with their presentation. I considered their previous malaria exposure and either continued their treatment or discharged them with oral antimalarial medication. This became a very satisfying task because I watched children improve and go home. I can say the same about the other children's ward but diagnoses were more difficult as I had not undertaken any GIT study. Many of the children were wormed and stool samples taken. They were rehydrated with ORS made by the nurses and were monitored until their appetite increased and their symptoms dissipated.



In the afternoon, I worked in the outpatient clinic, which I found more challenging. This was akin to general practice, with many Ugandans pleased to see a *muzungu* doctor (white doctor). Dr. Nin, the resident doctor at MHC for the past 6 months, guided me through each presentation and allowed me to practise my history-taking and examination skills. I became used to looking in ears and mouths and carrying out respiratory assessments.



I saw a lot of organomegaly, particularly splenomegaly in children with malaria, as well as two presentations of what turned out to be sickle cell disease. The lab staff were very excited to let me use their microscope to view the sickle cells and allowed me to take a photo of malaria in a blood smear.

I participated in several burns cases involving children. These present frequently as most Ugandans cook outdoors on a gas burner, making it easy for a child to pull the hot contents over themselves. One of the many things I learned while in Fort Portal is that Ugandans, especially the kids, are tough. Many children had burns over half of their body or genitals and required daily washing and wound care. Usually the only pain relief given is paracetamol



On Tuesdays, I spent the afternoon in the HIV clinic. There's a lot of stigma surrounding HIV in Uganda, so you must use words carefully to not implicate someone as having the virus. Staff call a positive patient, "TRR"...but even this must be whispered.

I encountered several challenging patients in the clinic. The first was a 14-month-old girl with malaria and associated cerebral involvement. She went into respiratory arrest just after morning meeting so I ventilated her for 30 minutes until she died. She had a 2-week history of fever and had been seen at another Ugandan clinic but had not been treated for malaria. Her mother had tried herbal therapy unsuccessfully before bringing her to MHC.

Another challenging patient was a 6-month-old boy with Down syndrome who had a 3-week history of respiratory infection and was severely malnourished, weighing only 2.5kg. When he was presented, he was in respiratory distress and little could be done due to the limited resources at MHC. He eventually arrested and a resuscitation attempt was unsuccessful.

By far the most confronting patient for me was a 6-year-old girl with meningitis who had been symptomatic for 2 weeks. She had a grossly stiff neck, allowing her body to be raised on lifting her head, and, despite antibiotics, was left non-verbal with full body paralysis. It was difficult to see her carried from the clinic by her family, knowing she had recently started school and had been a happy, healthy little girl. I remember thinking of her that afternoon as I passed school children on the boda.

MHC gave me an experience I will never forget and exposed me not only to tropical Medicine and gross symptomology but also to a people who live in a world vastly different from my own.

Of course, Fort Portal has sights to see outside the clinic doors, including wildlife and volcanic crater lakes. I went on safari through Queen Elizabeth National Park. The heat made swimming in the lake far too tempting. Despite having no bathers and requiring serology for schistosomiasis 6 weeks later, I would say my 30-minute dip was well worth it.

I would love to return to MHC on completion of my degree and I encourage my classmates to make the most of every opportunity to see Medicine in different contexts.

Nicole Fox // MD 2







Societies



Flinders University Surgical Society (FUSS) is an independent not-for-profit, student-run organisation providing members with a range of academic, social and practical experiences with a core emphasis on Surgery.

2016 was a fantastic year with a number of successful academic and social events that were brilliantly run due to the hard work by the senior committee. Core events such as Suture Night and Surgical Career's Night, which was hosted by our patron, Dr Nicola Dean, were great ways to give the First Year medical students exposure to different surgical specialties. The intervarsity Scrub Crawl was again a fantastic night with students from both Flinders and Adelaide University.

In 2017, we plan to expand the role of the Community Director to increase the scope of the community team who last year put on a fantastic Charity Cocktail Night for the first time. We will be continuing the Expert Anatomy Tutorials which give students focused learning opportunities with surgeons from various fields and we will be increasing the number of events hosted in the Northern Territory.

This year so far, we have organised the first of four Laparoscopic Simulation Sessions at the Royal Australasian College of Surgeons (RACS). This was an evening to give Third and Fourth Year students an opportunity to learn some skills; we will be organising a similar night for First and Second Year students later this year.

In February, we hosted our O-Week lunch to welcome the new First Years, many of whom have now joined the committee.

As we begin contacting surgeons from within FMC to speak at our academic events, we are looking forward to a busy and inspiring year.

Diana Hancock // President & Tom Pyke // Vice-President



Societies

Greetings and welcome to 2017 from your HHRG Flinders team!

For those of you who don't know, HHRG Flinders is a group of medical students concerned about the ways in which health is adversely affected by those things going on beyond the walls of FMC. The way the environment impacts on our wellbeing. How our Indigenous and Refugee communities receive healthcare. How the global flows of politics and economics affect the delivery of healthcare at the local level.

We've got several exciting events that we hope you'll join us for.

Together with Flinders University Rural Health Society (FURHS), we held Close the Gap Day on 16 March 2017. The event was a huge success, giving us the opportunity to hear about how we can be a part of delivering better healthcare to our Indigenous population.

Coming in early May, we've got the Global Health Careers Night where we'll have three speakers sharing their stories about working in Global Health. We've got movie screenings to look forward to as well as our Medical Practice and Climate Change evening in September.

We'll also be running several events focussing on some of med's more challenging encounters. Our Resilience in Med workshops and our LGBTQI Inclusive Practice Evening will teach us all how to be better doctors.

On May 13 2017, we have HEAT Night, a true highlight of the year. In an evening where all the entertainment is provided by you, HEAT Night is an opportunity to see another side to the students around you. Whether that be through singing, performing or dancing, it's an unforgettable experience for performers and audience members alike. All funds raised go toward the HEAT Grant, which medical students can apply for later in the year to fund a social justice initiative of their choosing. Look out for more information about this.

For more about any of the above, please contact:
Harry Power & Jake Jeffrey // Co-Presidents
president@hhrg.org.au.





GPSN is an organisation funded by the Commonwealth Government and managed by General Practice Registrars Australia (GPRA) to promote general practice among medical students. The aim of GPSN in 2017 is to endorse general practice as a rewarding career pathway that allows for a great amount of variety and flexibility as well as opportunities to form meaningful relationships with patients, possibly for most of their lives.

At Flinders University, GPSN is a small but growing society. Membership is free for the duration of the 4-year course.

Our promotion of general practice will occur through several major events. We've already had a talk from Doctors Without Borders GP, Anne Kleinitz about her experiences in Africa as well as a movie night in conjunction with GPSN Adelaide to raise awareness about Indigenous health. We plan to hold an OSCE practise night with Flinders University Rural Health Society (FURHS) later this year.

We hope that by the end of 2017 we will have helped Flinders medical students see general practice as a challenging career with unique benefits.

Will Hannam // Chair GPSN Flinders

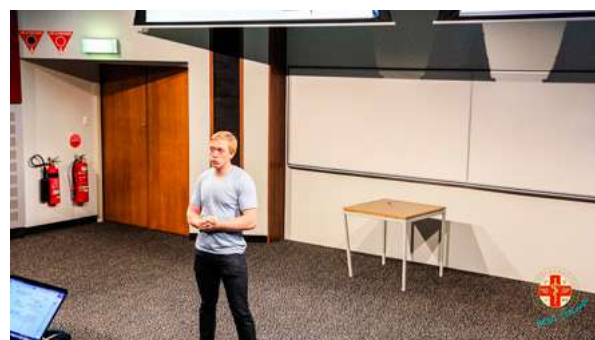


At FMSS, we believe it's important to support First Years as they adjust to Medicine. One of the ways we help is through our buddy program, where a new student is paired with a continuing student. In 2017, students were matched based on their undergraduate degree, where they come from and if they have children to ensure provision of more relevant advice.

Another initiative FMSS offers to First Years is peer teaching. Every week, three Second Years present the Learning Objectives from the PBL case, highlighting the most important aspects along the way. Questions and discussions are highly encouraged. We hope to record sessions so that as many students can benefit as possible.

Finally, the First Year non-science study group commenced this year. Every week, a group of First Year non-science background (NSB) students meet for a study session moderated by an upper year level NSB student. NSB students face unique challenges in Medicine. We hope this initiative proves supportive.

Ryan Bekeris // Education Director



FREE student membership

As an RACGP member, you join a vibrant community dedicated to supporting you on your general practice journey.

racgp.org.au/studentapplication



Ditza Teng
Medical student
Member since 2015



RACGP



Flinders University Critical Care Society Gets Active in 2017



Brave students leap into action, clearing the airway of the semi-conscious rider.

Horrific accident South of Adelaide leaves three with life-threatening injuries. Medical students leap in to save the day.

Medical students have come to the aid of three people who were left fighting for their lives following a horrific car accident South of Adelaide. Police are seeking information regarding the involvement of Flinders University Critical Care Society (FCCS).

Early reports suggest a horse rider had been on the road near a popular Normanville campsite when a vehicle with two occupants approached from behind. The driver, who was allegedly affected by alcohol, swerved to avoid the rider and lost control of the vehicle. The rider was thrown from the horse.

A nearby group of Flinders University medical students, who were on an "intensive study" weekend, arrived on the scene shortly after the accident and came to the aid of the victims.



The vehicle came to rest among the trees.

After ensuring the scene was safe and alerting the authorities, the students determined the horse rider was at risk of obstructing his airway, the passenger of the vehicle was in respiratory distress and the driver had sustained a gross arterial bleed. The students efficiently worked in teams to manage the needs of the three victims.

Senior Constable Jones of the Normanville Police commended the quick action of the students.

"These students were only in the third week of

their medical degree, yet they acted swiftly and appropriately in a crisis situation," he said.

"It is my understanding they had only covered angina and cholera, conditions from which none of the victims were suffering."

Police are seeking information from the public regarding the role of FCCS in the incident. Several sightings of committee members were reported in the area immediately prior to the accident, with some reports describing committee members mixing fake blood and creating disturbingly convincing injuries on the victims.

Police are concerned that FCCS committee members may strike again and have warned that this is unlikely to be the last simulated emergency in which Flinders University medical students will be engaged. They have asked that students check www.facebook.com/flinderscritcare to keep abreast of the latest developments.



The distraught driver and passenger in shock after the accident.

SET YOUR TIME TURNER TO AUGUST 5



*Any sufficiently
advanced technology is
indistinguishable from
magic.*

Arthur C. Clarke







The Sorting Steth

Step up and take a seat as the Sorting Steth picks your brain to place you in your rightful house. Whether it be Gigli Saw, home of the principled and loyal, Huff-and-Puff, where they toil ceaselessly to bring good to the world, Renovascular, house of the quick-witted and intelligent, or Serpentine, where ambition and tenacity ring true, the Sorting Steth will find the place for you!

1. What do people say is your best trait?

- A. Loyal
- B. Clever
- C. Driven
- D. Hardworking

2. Oh no! You saw a friend peeking at UpToDate during the weekly quiz. What do you do?

- A. Raise your hand and tell Karen immediately.
- B. Do nothing. Everyone needs a bit of help sometimes.
- C. Talk to your friend after the quiz and advise them not to do it anymore
- D. You're too busy looking at another friend's answers to care

3. What do you think is your worst trait?

- A. Tend to disregard people's feelings
- B. Too nice for your own good
- C. Stubborn
- D. Know-it-all

4. How did you spend your holidays?

- A. Quality time with friends and family
- B. Studying - gotta show progress on that Progress Test!
- C. Catching up on assignments or chores neglected during the semester
- D. Self-improvement - be it complete bedrest or extra shadowing experience

5. Why did you choose to study medicine?

- A. It's the most challenging course
- B. To fulfill my parents'/friends' expectations
- C. To save those who need help the most
- D. To discover new and effective treatments

6. Which is your favourite part of med school?

- A. Attachments/placements - really making a difference in patients' lives
- B. Classes - acquiring and applying new knowledge
- C. Events/conferences - imagining and planning my future career
- D. Overseas trips - combining practical aid and adventure

7. Which ability would you most rather have?

- A. Perfect memory - less study, more knowledge
- B. Telekinesis - bringing surgery to a whole new level
- C. Teleportation - get more things done in less time
- D. Telepathy - pick Professors' and patients' brains alike

8. Drats! The registrar just shot you a question you don't know. What's your answer?

- A. "Sorry, I really don't know."
- B. "Wow, that is a brilliant question, which brings to mind another condition..."
- C. "Cancer!"
- D. "Gosh, I knew this, let me recall it right now."




9. If you were a medication, what would you be?

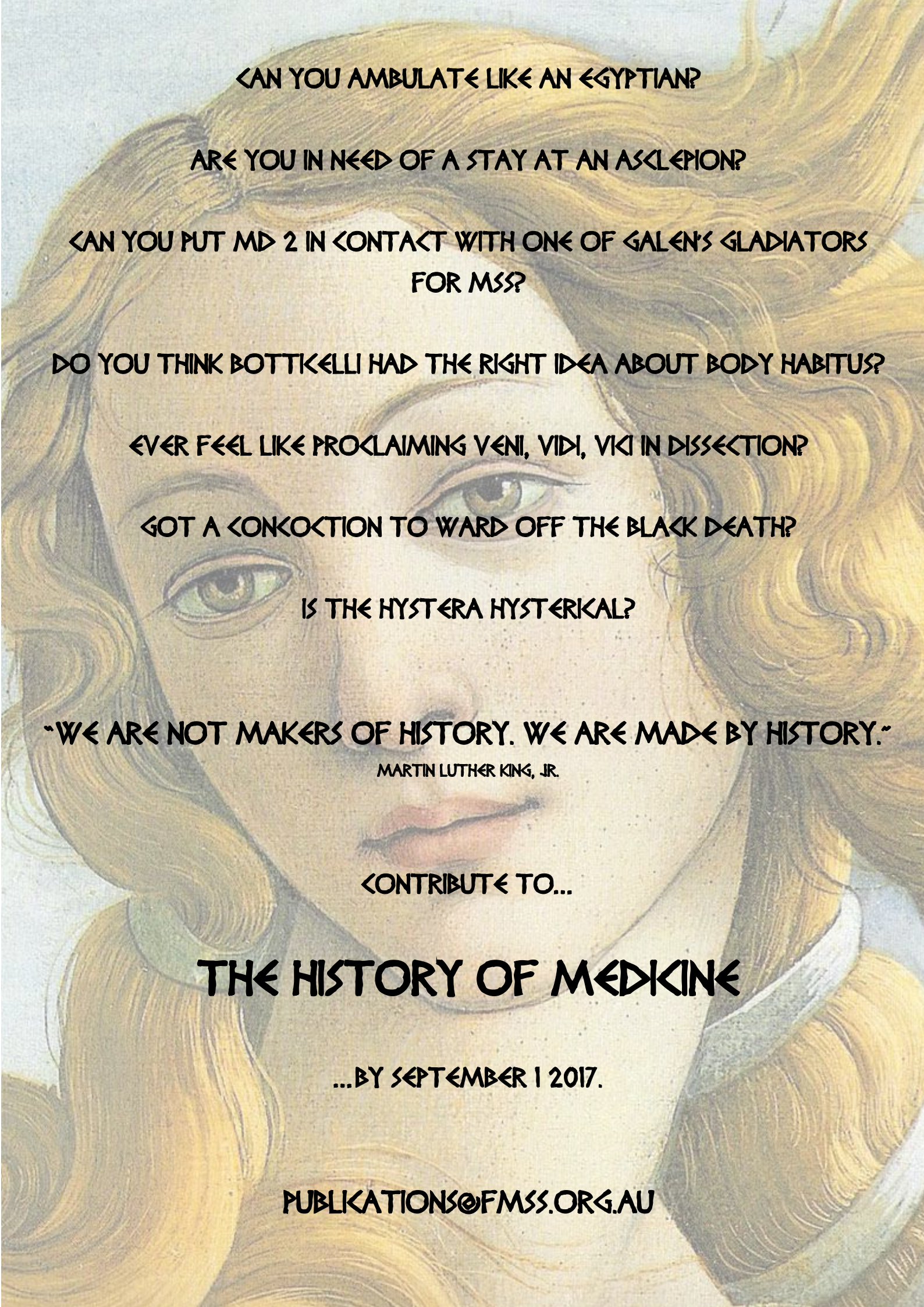
- A. Morphine - popular, calming, and a source of comfort to those around you
- B. Targeted Therapy - cutting-edge, efficient, and focused to the situation
- C. Penicillin - solid and dependable, but a bit old-school
- D. Modafinil - a bit questionable, but definitely helpful in gaining an edge

10. Which of these quotes from Dumbledore speak to you?

- A. "Pity the living, and above all, those who live without love."
- B. "Words are, in my not-so-humble opinion, our most inexhaustible source of magic."
- C. "It matters not what someone is born, but what they grow to be."
- D. "It does not do to dwell on dreams and forget to live."

Now circle the answers you picked for each question and see where your allegiances lie:

	Gigli Saw	Renovascular	Huff-and-Puff	Serpentine
				
1.	A	B	D	C
2.	A	C	B	D
3.	C	D	B	A
4.	A	B	C	D
5.	B	D	C	A
6.	D	B	A	C
7.	C	A	B	D
8.	A	D	C	B
9.	C	B	A	D
10.	D	B	A	C



CAN YOU AMBULATE LIKE AN EGYPTIAN?

ARE YOU IN NEED OF A STAY AT AN ASCLEPION?

CAN YOU PUT MD 2 IN CONTACT WITH ONE OF GALEN'S GLADIATORS
FOR MSS?

DO YOU THINK BOTTICELLI HAD THE RIGHT IDEA ABOUT BODY HABITUS?

EVER FEEL LIKE PROCLAIMING VENI, VIDI, VICI IN DISSECTION?

GOT A CONCOCTION TO WARD OFF THE BLACK DEATH?

IS THE HYSTERA HYSTERICAL?

"WE ARE NOT MAKERS OF HISTORY. WE ARE MADE BY HISTORY."

MARTIN LUTHER KING, JR.

CONTRIBUTE TO...

THE HISTORY OF MEDICINE

...BY SEPTEMBER 1 2017.

PUBLICATIONS@FMSS.ORG.AU



Complimentary Income Tax Returns

We know that as a busy medical student finding time for your finances can be tough, that is why Wright Evans Partners offer comprehensive services to help plan, invest and protect your wealth.

How we can help

- Individual tax returns
- Business activity statements
- Financial & management accounting
- Transition from student to full-time employment
- Advice on HELP debt repayments
- Financial planning & advice

What else do we know

- Medical practice purchases & sales
- Business evaluation
- Property investment
- Succession planning for doctors
- Asset protection
- Self-managed superannuation

190 Fullarton Road Dulwich SA 5065
PO Box 897 Unley SA 5061
p (08) 8208 4777 **f** (08) 8208 4778
e info@wepartners.com.au

www.wepartners.com.au