

屋崙中華醫學會通訊

president's message

acma
news

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Dear Colleagues

June is here, and many of us are finding ourselves starting and ending the day in the dark (sometimes it can feel like this every day of the year!). The Louis Vuitton Cup finals are starting, and signals the beginning of Team NZ's quest to challenge for the America's Cup. If successful it will mean a return to the good times for the City of Sails. Good luck to the Team.

There are some other good things to look forward to also, such as our regular ACMA CME meetings. The next meeting is scheduled for June 10, at China Restaurant on Beach Road. Mr Benny Kok from Medical Assurance Society will be speaking on "Healthy Practice", and the medical presentation will be by Dr Penny Fitzharris on managing "Allergy in Primary Care." Thanks to Dr Daniel Wu and our student committee members for their continued efforts in organising the programme, and to EBOS Pharmaceuticals Ltd for their sponsorship.

The 14th Annual Conference of the Australasian Council of Chinese Medical Associations will also be held on the weekend of June 9-10, at Conrad Jupiters Casino on the Gold Coast. I will be attending this meeting on behalf of our Association, as one of the New Zealand representatives. I will be joined by Drs Colin King, Allen Liang, Linda Lum, and Wilson Young. It promises to be an interesting conference, with the theme, "The Seven Ages of Man." I will report back to the Association with the highlights of the conference in an upcoming newsletter.

Finally, I would like to remind our members who have yet to renew their memberships to spend a few moments to sign up for their 2007 subscriptions. Your support of the Association is very much appreciated and goes a long way in ensuring that it can provide members with the benefits they enjoy, and to maintain a strong presence in the medical and general community. Please encourage your colleagues who are not members to consider becoming a part of our growing Association.

Best regards,

Dr Alex Ng, FRACS



6TH JUNE 2007

KIWI SAVER UPDATE

BENNY KOK

Benny Kok spoke on what Kiwi Saver means to doctors and their families.

KiwiSaver is a voluntary work-based savings scheme introduced by the Government to help New Zealanders with their long-term savings for retirement. KiwiSaver starts 1 July 2007. All employers must offer KiwiSaver to both new employees and existing employees who are eligible.

KiwiSaver is the generic name given to the Government's retirement savings initiative designed to:

- Increase the level of savings by New Zealanders
- Support New Zealanders in their retirement
- Complement NZ superannuation

It is different from the old Government super fund where the Government itself invested what New Zealanders had contributed. KiwiSaver is provided by independent providers. Inland Revenue Department will administer KiwiSaver, they are the official go-betweens for employers / employees and KiwiSaver providers. 6 of 22 are default providers; if employers are undecided about who to invest with, Inland Revenue will allocate a default provider. Ultimately, the investor has the absolute choice as to who to invest with. One can transfer from one provider to another at no cost.

A person may only have KiwiSaver under one name, and this must be a natural person i.e. not a trust account or company.

Contributions are either 4% or 8% of gross salary or wages, and can be any mix of employee and employer contributions. Contributions are deducted from salary / wages and passed to IRD along with PAYE. One can voluntarily contribute as much as one likes over and above that amount. One may apply for a contributions holiday after 12 months of contributions, which lasts for 3 months to 5 years. After this time, one may reapply for another holiday.

Even those not working and under 65 may wish to open a KiwiSaver account for the benefits as summarised:

- A \$1,000 'kick-start' when you open an account.
- Tax breaks for employees who receive employer superannuation contributions.
- An annual fee subsidy.
- You may withdraw money to help purchase a 'first' home.
- In some circumstances, you can divert funds towards your mortgage.

SEXUAL FUNCTION: TALKING TO PATIENTS AND

NEW IDEAS

WARRICK WHITE

Why should doctors know about sexual dysfunction ?

- Sexual Dysfunction is very common
- Co morbidities- cardiovascular disease, diabetes, post surgery
- Medication side effects
- Negligent to ignore

Patients don't talk to Doctors because Doctors don't ask. Many men will delay going to see their GPs for years. Men wait on average 2-3 years before asking for medical help. Patients will not tell you they have a problem if you do not ask. Many patients seek help from other sources including adult shops.

Why Don't we Talk about it?

- Doctor barrier
- No training
- Awkward with the language
- Improper?, female Dr/male patient
- Concerned the visit will go on and on
- No time
- Cultural knowledge issues

Q:How do we put patients at ease?

- Control your response
- Don't say more than necessary
- Don't ever share personal experiences
- Don't be inappropriate/voyeuristic
- There is no such thing as normal

What patients think

- Doctors will dismiss their concerns
- Sexual problems are not an accepted consequence of aging
- Sexual enjoyment adds to the quality of life
- Patients unaware of treatments
- Doctors should initiate the discussion!!

Q; Partners acceptance of "increased sexual desire" with viagra?

Reasons for Decreased Libido/Desire:

Common:

- Secondary to ED
- Depression, Stress

- Relationship conflict
- Medications and recreational drugs

Rare reasons:

- Systemic disease (HIV,Cancer)
- Idiopathic
- Hypogonadism
- Hyperprolactinaemia

Myths About Males

- Men are always ready for sex
- Sex always involves intercourse
- Erections always accompany sex
- Ejaculation needs erection
- Erection failure x1 = impotence
- Be aware of your own bias

"There is no such thing as an uninvolved partner"

History is the most important tool. Examination, blood tests, and special investigations are only adjuncts.

Sexual Problems

- Erectile dysfunction
- Premature ejaculation
- Loss of desire
- Loss of genital feeling
- Delayed/ absent orgasm
- Reduced ejaculate
- Ignorance/naïve
- Affairs/ guilt/separation
- Genital/ Pelvic pain

■ Q; Female Libido - Update

Frequency of women's sexual activity increases after partners' ED problem has been treated across most range of sexual activity patterns. Majority of couples have no set intercourse patterns, in terms of day of week.

Many men with ED will avoid physical intimacy of any sort.

Definition of erectile Dysfunction/Impotence: "The persistent inability to achieve and/or maintain an erection sufficient for satisfactory sexual activity"

- *NIH Consensus Development Panel on Impotence.*

JAMA. 1993;270(1):83-90

Co-morbidities accompany erectile dysfunction

Warning Bells

- Older man
- Depression
- Diabetes
- Smoking, Drinking
- CVD

- Hypertension
- BPH or prostate cancer
- Bags of Medication

New Directions for PDE5s

- LUTS
- Priapism
- Prostatitis
- Endothelial disease
- Rehab following RRP
- Fibrosis prevention
- Pulmonary hypertension
- High Altitude disease
- Memory loss



So it's almost half way through the year!! For the preclinicals it's almost duck hunting season again except replace duck hunting with exams. And as usual the 4th, 5th and 6th years are on their different runs and

hospitals which together unite to form a large mosaic called the clinical years!!

Here's a quick update on the ongoing of YACMA: Those who read this might recall that earlier in the year we had an introduction BBQ at Outhwaite Park as well as a great turnout to the ACMA CME dinner at the New Mong Kok Restuarant. On a side note, these events serve as a good opportunity for inter-year bonding - a phenomenon that should occur more frequently!

That aside, at the beginning of May we bonded by a Student-Doctor Yum Cha at Sunnyside Restuarant sponsored by the great people at MAS. A fine menu composed of authentic Chinese delicacies such as Siu Mai, Har Gau, Char Siu Bau were presented to 5 full tables of students. It was an experience that our taste buds and stomachs will never ever forget!! Also, many thanks to the awesome Doctors who accompanied us - your company and insight is always very much appreciated.

Well, all the best to everyone regardless of where you are and what situation you are in! See you soon!!

- Vitt Hemstatpat