

Victorian Medical Women's Society Newsletter



Founded 1896

Celebrating our history, advancing our future

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June 2009

PRESIDENT'S REPORT: DR JAN COLES

Dear Medical Women,

It has been a busy year for VMWS and the Australian Federation of Medical Women (AFMW). Congratulations to our immediate past president, Dr Desiree Yap, who has taken over from Dr Susie Close as President of AFMW. Both organisations started developing strategic plans to ensure our continued relevance as the voice of medical women in the future.



Dr Jill Tomlinson and I submitted leadership grants to the Office for the Status of Women. Jill's project was a mentoring initiative for AFMW. Mine was to give medical women access to formal media training.

Our general meeting "Adventure Medicine" ran last week and was attended by approximately 40 medical women. Inspiring presentations were given by Kathleen Leech who worked as a counsellor in the Gaza strip, Eline Whist who worked on a MSF nutrition project in Burkina Faso in Africa, and Sian Hughes presentation on working in Sri Lanka after the tsunami. It was a wonderful night and I thank each presenter for sharing their international work with us.

Last weekend I had a long awaited weekend off. My husband found a wonderful little book at a country market, called Degrees of liberation: A short history of women in the University of Melbourne by Farley Kelly. Melbourne's first female graduates were Grace Clara Stone and Margaret Whyte. What I didn't know was that Margaret Whyte obtained two "firsts" in 1891, which qualified her for a residency at the Melbourne Hospital. She waived her Melbourne position in favour of a post at the Women's. In 1895, three women finished in the first seven, and insisted on the residencies at the Melbourne Hospital to which their results entitled them. Freda Gamble and Janet Lindsay Greig were grudgingly given a chance by the Melbourne Hospital Committee and took up their residencies at the Melbourne.

Women have continued to excel in their medical studies for nearly 130 years and yet they remain under-represented as leaders within the medical profession. My University is an example of this. In 1979, 50% of the graduates were women, and women have been consistently represented as the top student since the first graduating class. In the Faculty of Medicine Nursing and Health Sciences in 2008 twice the number (1132) of women are lecturers at level A (the most junior academic) than men (586), at level B women account for 351 appointments and men 200, at senior lecturer (level C) women have 154 appointments and men 162, at associate professor level, 38 are women and 79 are men and at professor level (most senior academic) 21 are women and 93 are men. If we remove nursing, health sciences and social work from the statistics, the percentage of women in leadership roles in medicine drops even further.

We have come a long way but equity in advancement has not yet been achieved! Developing leadership skills and mentoring are ways medical women can redress the gap. The VMWS promotes the work and professional contribution made by medical women to health.

IN THIS EDITION...

**A Day In The Life Of
A General/Endocrine/Trauma
Surgeon Pg 3**

**Australia's Invisible Women
Surgeons Their World War One
Contribution Pg 4**

**The Doctor Who Makes
Movies Pg 5**

**Wewak, Papua New Guinea &
Doctor Stella Jimmy Pg 6**

**A New Perspective (a medical
student placement) Pg 7**

**Cutting The Cost Of
Insurance Premiums By
Using Superannuation Pg 8**

**Lyceum Club Luncheon with
guest speaker Malalai Loya,
bravest woman in Afghanistan
Pg 10**

Jokes to lighten up your day Pg 12

**With the end of financial year
approaching, it is time to
start looking at your
financial planning for the
next year!**

**Mr Joe Romeo from the Vision
Financial Planning & Insurance
Services (one of our sponsors) is
providing free initial consultations for
all VMWS members.**

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2009 VMWS Event Calendar

15 July 2009 — Lyceum Luncheon

The annual Lyceum Luncheon will be held on Wednesday 15 July at 12 noon (for a 12.30pm start) at the Lyceum Club, Ridgeway Place, Melbourne, with internationally acclaimed Afghanistan leader, Malalai Joya as guest speaker. Please RSVP to vic@afmw.org.au or mail the RSVP form on Page 11 by the close of business day Monday 13 July 2009. Free for members, \$35 for non-members.

30 October 2009 — Breast & Ovarian Cancer Dinner

In 2009 our Breast and Ovarian Cancer fundraising dinner will be held on 30 October. Please mark this date in your diary and keep the evening free.

21 November 2009 — VMWS Annual General Meeting

Our Annual General Meeting is the blue ribbon event in the VMWS calendar. Join us on Saturday November 21 at 6:30pm and celebrate the passage of another year with your VMWS friends and mentors! Drinks and a three course meal provided; members only.

MARVELLOUS MEDICAL WOMEN PROJECT UPDATE

The Marvellous Medical Women Project is now underway. Medical Students from Melbourne and Monash University are interviewing Medical Women from the VMWS about their lives as doctors.

So far four interviews have been completed and the recorded interviews transcribed. Once the participants have reviewed their interviews we will be publishing a summary of their stories to celebrate the achievements of women doctors in our newsletter.

More detailed data analysis will be done over the next two years. The qualitative analysis would make a great AMS project for a Melbourne University student or BMedSci project for a Monash student.

Medical students interested in being interviewers or doing formal project work should contact Dr Jan Coles. We would like to have student interviewers involved from each University.

Let's celebrate the achievements of medical women and the students who have been conducting the interviews!

With best wishes
Jan Coles and Jill Tomlinson



TAX DEDUCTION

Renew your VMWS membership before June 30 to ensure your subscription is tax deductible in the 2008-09 tax year!



A Day In The Life Of A General/Endocrine/Trauma Surgeon

By Ms Julie Miller

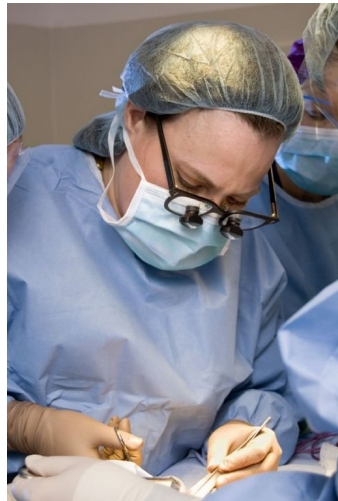
7am - Wake up to text message from registrar letting me know what's on today's public operating list: a hernia, a parathyroidectomy, and a re-operative thyroidectomy. He's a final year and can start the hernia without me. Yay! Roll over and close eyes.

7:15am - Husband places coffee on my bedside table (I am eternally grateful for him) as all three children noisily climb into our bed and argue over who is next to me. It's nice to be loved.

7:30am - Get up and get dressed, apply makeup and hang last night's laundry while husband feeds children breakfast and makes 6 year old's school lunch.

8:15am - Blessed nanny (essential in dual-professional household) arrives and helps kids finish dressing. I kiss husband and children goodbye. My husband (who is also a surgeon) drops our eldest at school on mornings when I am operating, and I do the other days. The two little ones always want "one more cuddle," especially when I am running late. I gently pry them from my legs and make a dash for the car.

9am-noon - Arrive in operating theatre to find registrar and intern finishing hernia. We proceed to the parathyroidectomy. The redo thyroidectomy is difficult, but we are able to finish almost on time. Between cases I give our two interns their mid-term review - they are two of the best we have had and are both interested in surgery. I encourage them to consider general surgery, which I think is about the greatest job in the world.



12:30 - Go to rooms review patients from last week's private operating. Return a few phone calls.

1pm-3pm - Quick lunch with registrar, then trauma ward round. I am the Principle Trauma Surgeon about one week each month. Things seem under control - only 22 patients on the trauma service, which is slow for a Monday. But two with gunshot wounds - feels like I'm back in New York .

3pm-5:30pm - Office work: handling emails; administrative work for University of Melbourne Dept of Surgery, Advanced Medical Science program - The new group of 18 research students starts in July - Today I review their requests and match them with supervising surgeons. I also organize statistical support for the students finishing in June, who are currently writing their theses. I then review the surgical MCQ's for the final year exams and start preparing a talk on thyroid nodules

for Medical Grand Rounds next week. I will have to finish the slides later. I am somewhat addicted to online news and check The Age Online a few times during my office work. I need to learn to stop that.

5:30pm - Touch base with secretary regarding tomorrow's private operating list: two thyroids and a parathyroid. All is in order. Head home.

6:15pm - Arrive home to find kids have already had dinner, baths, and are in their pajamas. Husband calls to say he has a late meeting and won't be home in time. Blessed nanny has cooked great dinner and sits with me while I eat and the kids play with their toy trains.

7pm - Nanny takes off home. Kids and I brush our teeth and have fun doing some exercises (My oldest and I lift small free weights while the little ones lift shampoo bottles. We then all do some squats and sit-ups). We go upstairs for stories, followed by individual "special cuddle time," a nightly ritual where each child tells me about the day's events. Lights out around 7:45.

8pm - Husband arrives home and I sit with him while he has what's left of dinner and we debrief about our day. We work in the same hospital and share private rooms and a secretary, yet rarely see each other at work. I check to make sure the cat is locked in the laundry room, or else she wakes up the kids around 4am. I learned that the hard way!

8:45pm - I have a hot bath and wash my hair while my husband goes into his study to work.

9:15pm - dry and in warm pajamas and the slippers I got for Mother's Day, answer any more emails that have arrived. (another addiction).

10pm - Retire to bed to watch the evening news and read the current book for my book group. We just finished Obama's biography and have started "Ransom," by David Malouf.

11pm - Lights out for me. Husband still working in study, but will hopefully come to bed soon.

Julie Miller is a Specialist Endocrine and General Surgeon & Trauma Surgeon at Royal Melbourne Hospital . She is head of the Thyroid Cancer Multidisciplinary Meeting and Clinic, a Senior Lecturer at the University of Melbourne , and Advanced Medical Science Coordinator. She is married to Professor Bruce Mann and mother of Henry, 6, Douglas , 4, and Stephanie, 3.



Australia's Invisible Women Surgeons Their World War One Contribution

By Heather Sheard

In August 1914, there were one hundred and twenty nine female doctors registered as medical practitioners in Australia. When the First World War began, many wanted to use their professional skills to work with wounded and ill soldiers and to do their duty for the Empire and Australia, just as their male colleagues were doing. But they were female, 'lady doctors' and ladies did not go to war. Entry to both the Australian Army Medical Corp (AAMC) and the Royal Army Medical Corps (RAMC) was denied. Famously in England, Dr Elsie Inglis, who would go on to send units of the Scottish Women's Hospital to all the battlefronts of Europe was told 'My good lady, go home and sit still' when she attempted to enlist in the RAMC. Brilliant Sydney doctor Elsie Dalyell, already in London at the Lister Institute when war was declared, was probably the first Australian doctor to be told her services were not required when she approached the War Office. In Melbourne, women doctors were advised to join the medical wives group where they could roll bandages or take up knitting socks.

Social historian Janet McCalman in her book about the Royal Women's Hospital *Sex and Suffering*, points to the extraordinary irony of such a denial. Women doctor's experience of gynaecological medicine meant they were ideally suited to crisis management. In their field of expertise they frequently made rapid decisions, conducted emergency surgery and were practised in the control of haemorrhage and the management of shock. Each of these strengths was to prove appropriate during the war where situations of surgical trauma were of a scale and complexity not faced before by doctors, male *or* female.

Since enlistment was denied women doctors, they took their own enterprising path and created military hospitals staffed by women. Both English and Australian women already had models for this form of female organisation. In England, women were denied access to university medical courses and to hospital residencies. Dr Elizabeth Garrett Anderson's response was to create St Mary's Dispensary in 1866 which became the New Hospital for Women and after her death in 1917, renamed the Elizabeth Garrett Anderson Hospital. The hospital worked to benefit both women patients and doctors. She was the first Dean and a driving force behind the London School of Medicine for Women established in 1874, which at the outbreak of war remained the only university accepting women medical students in England. In Melbourne, Dr Constance Stone was pivotal to the creation of the Queen Victoria Hospital for Women in 1897 concerned with both the provision of services to women and children as well as making available clinical placements for women doctors.

These 'DIY' models of female organization and medical competency were in a sense duplicated when English, Scottish, American and Australian women doctors went ahead and set up military hospitals in the first months of

the war. Dr Helen Sexton, one of a group of seven women who were the first medical students at the University of Melbourne in 1887, took a small field hospital to France, financing it herself with the help of other women doctors. The hospital was known as *Helen Sexton's Hopital Australien* and operated in Paris in 1915 and 1916. Helen was given the rank of Majeur in the French Army and worked for a short while at the Val-de-Grace Military Hospital in Paris when the work of her own hospital was completed.

Much more is known of the work of London's Endell Street Military Hospital, commonly known as *the suffragette hospital*. With all the campaign experience of militant suffragettes, Dr Flora Murray and Dr Louise Garrett Anderson (Elizabeth's daughter) knew the futility of approaching British officialdom and went directly to the French Red Cross. Flora Murray has written that the desperation of the French for medical facilities combined with her rusty French may have meant that the French did not really understand that the women meant to do the surgical work themselves! However, within five weeks of the declaration of war, the two doctors had marshalled funding, staff, uniforms and equipment, all of which they transported across the channel to Paris. Their first hospital, set up in Hotel Claridge near the Champs Elysées, opened its doors to the wounded on September 14th 1914. Based on their efficiency in France, Louise and Flora and their Women's Hospital Corps were asked to establish a military hospital in London which they opened in May 1915 in what was formerly St Giles Workhouse in Endell Street near Covent Garden. The Endell Street Military Hospital opened on May 14, 1915 with the arrival of 246 soldiers conveyed from France and after one week, all 520 beds were full.



Dr Flora Murray administering anaesthetic with Dr Louise Garrett Anderson on her right, Paris, 1914, from Kate Adie's book, *Corsets to Camouflage*, Hodder & Stoughton, 2003

All of the 180 medical staff of the hospital were female and between 1916 and 1919 this included five Australians. Dr Eleanor Bourne from Queensland won the first Government Exhibition to be awarded to a woman and graduated with a Bachelor of Medicine and a Master of Surgery at the University of Sydney in 1903. As the first Medical officer for the Queensland Education Department she visited outback towns like Charleville, Cunnamulla, Longreach and Barcaldine and later areas



Eleanor Bourne
(1878-1957)
State Library
of Queensland

around Cairns and Mackay between 1910 and 1912. In January 1916 she traveled at her own expense to London to join the Endell Street staff as an Assistant Surgeon, with the rank of lieutenant. In her memoirs she wrote that it was a great thrill to become a member of this group which was enriched by women specialists in all branches and that this unforgettable experience was one of the highlights of her life. Eleanor was promoted to Major in 1917 and left Endell Street to

join Queen Mary's Army Auxiliary Corps.

In the next edition newsletter I will write about fellow Australians at Endell Street, Dr Rachel Champion and Dr Vera Scantlebury from Melbourne, and Dr Emma Buckley and Dr Elizabeth Hamilton Browne from Sydney.



Endell Street Military Hospital's courtyard – afternoon entertainments, 1916, courtesy IWM

Heather Sheard is the author of *All the Little Children: The Story of Victoria's Baby Health Centres* published in 2007 and is currently undertaking a PhD entitled *The Milk of Human Kindness: the Life and Vision of Dr Vera Scantlebury Brown* at the University of Melbourne's Australia Centre. h.sheard@bigpond.com

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The Doctor Who Makes Movies

Dr Fiona Cochrane graduated from Monash medical school before following her passion in film. She took courses and worked on film crews, learning her trade initially as a continuity person, first assistant director and production manager before taking on roles as a director and producer.



With a young child to look after she found it easier to work as a producer, and has produced low-budget independent Australian feature films such as *Holidays on the River Yarra* (1991) which was selected for the 'Un Certain Regard' Section of Cannes Film Festival, and *Nirvana Street Murder* (1990) as well as numerous documentaries and short films.

In 1995 Fiona began the production company **f-reel pty ltd** as an umbrella company for her films. Her documentary films have covered topics such as social issues (teenage mothers, teenage drug use, young people and the law), women's issues (child sexual abuse, sexual assault), indigenous issues, musical themes (musical appropriation, music therapy, music and the brain) or unusual team sports (wheelchair basketball, women's tug of war). She has only recently begun to make films with stronger medical themes, such as the feature length observational documentary about a young woman facing epilepsy surgery, *Rachel: A Perfect Life*. All of her films have screened internationally at numerous festivals and won an array of awards; most have been screened on SBS or ABC television and are distributed educationally.

Fiona has also been involved both as a director and a producer on numerous short and feature-length dramas which are not medically related. Her current film screening at the Nova from June 11th is a low-budget psychological drama featuring four women, *Four of a Kind*, which premiered at Montreal World Film Festival. It is about secrets, lies and deception, and is based on a play written by Helen Collins. It is not an action-packed commercial film but rather a film with lots of verbal interplay and wonderful female acting performances.

Fiona has continued to work part-time over the last 20 years at the Carlton Medical Centre in group practice with several other women. She works three days/ week at medicine and does film work on the other days – working from her home office or taking holidays from medicine to do filming. She has combined this with raising several children, the youngest now being 15 years old. Her partner is a cinematographer and editor on many of her films.

Don't miss out on "Four of a kind" which will be screened at Nova Cinema starting 11 June!

Wewak, Papua New Guinea

By Max Griffith (husband of Dr Merylyn Murnane)*

My wife and I had been working with disabled children in Vanimo, a town in the far north of Papua New Guinea (PNG). On the way back from Vanimo to Australia, we happened to stay over in Wewak. We had heard of the work of the Callan Institute and were interested to see how it functioned.

I should say that my wife, Dr Merylyn Murnane, has a long history as a paediatrician caring for children and it was this that had brought her to PNG in the first place. In Wewak, she found herself presented with a situation where children were living in the worst possible conditions. Our host in Wewak was Brother Graeme Leach, a Christian Brother who has been working in PNG for forty years. Graeme has built the Callan Institute into an extraordinary service—especially for adults and children who suffer from hearing and sight impairment. Callan is now a major health service facility in the country.

During the course of our stay in Wewak, Brother Graeme took my wife to visit a community living in conditions that appalled her. The Wa-lu settlement, as it is called, was established in the mid-1960s on a tidal swamp close to the centre of Wewak. The swamp had been filled by its prior use as a rubbish dump.

Over the past 40 years, as more and more people moved to the settlement from rural villages, houses have been erected across the land fill—with many houses standing on stilts in permanent brackish water and all houses subject to flooding at high tide. Villagers have largely built their houses from material recycled from the dump—corrugated iron sheets, strips of wood, old car tyres, pieces of plastic and cloth. Currently, three to five families share a water tap and there is no sewerage system in the settlement. Villagers use the adjacent lagoon as a toilet, with raw sewerage flowing back into the village at high tide.

My wife, decided that she would build a new village for these people. Bishop Anthony Burgess of the Wewak Diocese has kindly agreed to provide land for the new settlement. Habitat for Humanity, an international body building low cost houses for third world countries will build the houses, Dr Murnane will provide the finance and the Callan Institute will act on behalf of us and the Catholic Diocese.

You might say that this is a joint venture using a combination of resources that will achieve the best possible outcome. Seventy families will begin a new life with new housing and new ways to live. It is also a venture in faith in that it is undergirded by the fundamentals of Christianity and the belief that is inspired and empowered by the Spirit of God.



Dr Merylyn Murnane treating a baby in Wewak



Children of Wewak



The appalling living conditions in Wewak

** The above article was also featured in the Edmund Rice Foundation Newsletter Edition 37 August 2008. It has been reproduced here with the permission of the author.*

Doctor Stella Jimmy

By Dr Merylyn Murnane AM

Stella was born in East Sepik Province Papua New Guinea, (PNG). She currently works in the Vanimo General Hospital PNG as the Provincial Paediatrician and Director of Medical Services. Stella graduated MBBS in 1995 from the University of PNG and continued her post graduate studies in paediatrics and child health, obtaining a post

graduate diploma in 2000 and Master of Medicine and Child Health in 2005 achieving best candidate in both of these disciplines. As part of her training she spent 2 years at the Children's Hospital in Westmead Sydney from 2002-2004.

I first met Stella at Vanimo General Hospital when I was visiting the hospital to give a lecture and to attend outpatients on my yearly visit to PNG which started in 2000. Dr Elizabeth Lewis established a twinning relationship between Monash Medical Centre and Vanimo General Hospital. Stella impressed me as a very intelligent and capable doctor with a good understanding of paediatrics. I sponsored her to the meeting of the Medical Women's International Association meeting for the Western Pacific Region in October 2008 in Melbourne to enable her to meet doctors from Australia and the Pacific region thus expanding her contacts with medical women hoping this would benefit doctors working in remote centres in PNG. I would encourage other medical women in Australia to sponsor doctors like Stella to establish professional contacts with doctors in the Western Pacific region.



Dr Stella Jimmy (left) and Dr Merrilyn Murnane at Vanimo General Hospital

A New Perspective

By Nelu Jayawardena,

6th year medical student, University of Melbourne

It's a sparkling new operating theatre in a recently renovated state of the art hospital. An LCD monitor lines the wall. It shows every miniscule detail of the colon. Row after row the sterilized scalpels, sutures, specimens to be sent to pathology for further evaluation are lined up meticulously. The surgeon hums, the patient rests, an hour later the equipment is sterilized and the room is refurbished, ready for the next case...

...It looks like something dodgy out of a movie. Corroded metal benches, old blood stains on the floor, a flickering light. Blood from a long incision covers the ground. The surgeon continues with deep concentration as he reaches for the newborn. Another achievement. The placenta is thrown in the bin. Twenty minutes later a new sheet of butcher's paper is laid down ready for the next patient...

The contrast is indescribable.

Undertaking the Jamkhed Public Health course in India and my Advanced Medical Science (AMS) research in Sri Lanka were the most defining experiences I ever had. Medicine had a new meaning. It was about a lady who was once an 'untouchable' delivering 800 babies in a village now free of neonatal deaths. It was about the public health midwives in Sri Lanka working endlessly with unbelievably basic resources to educate and care for every single new mother; to the point that its maternal and child mortality rates are almost in par with the western world. It was about a 16 year old girl who contracted HIV from her 40 year old husband whom she was forced to marry; finding her son dead after being forced to leave him in a cow shed to go to the fields to make money to feed him. She is one of thousands, even millions, who are faced with the harsh reality of poverty affecting health.



Public health midwife in Sri Lanka doing a home visit

Living in a first world country in a relatively sufficient health setting, with the comfort of a hospital, the protection of the law, the opportunity for education and technology - medicine is still a challenge, but we have the ways and means to tackle it. Finding yourself in a small village in a third world country places a new perspective on the concept of medicine and our role within it. No longer is medicine about the body and the individual patient, it is about poverty and restructuring a whole community. One can read articles, watch documentaries ...however experiencing these places first hand teaches lessons that all the reading in the world will never convey, and a burning desire to just keep going back.



Left: 'Limb camp' in India where amputees come to receive their new limbs.

Below: Operating theatre in the hospital at Jamkhed, India.



Cutting the cost of insurance premiums by using Superannuation

By Mr Joe Romeo

Ask yourself the following questions:

- Is your insurance sufficient for your family to cope financially if you die or become disabled?
- How much more money would you or they need?
- How much will this amount of insurance cost you?

Paying insurance premiums has an immediate impact on your hip pocket, which is why some doctors take out less cover than they really need. Other doctors may be under-insured because their circumstances have changed but their insurance cover hasn't. If you haven't reviewed your insurance cover recently, or if you don't have insurance, you need to seek help from someone who not only knows the ins and outs of insurance cover, but can also advise you on how to take out the cover in a way that minimises its cost to you. This article describes how to cut the cost of your insurance premiums through superannuation.

Many doctors may benefit from holding their death and Total Permanent Disability (TPD) cover within their superannuation. The cover can be funded through additional superannuation contributions, which in some cases can increase the benefits of superannuation.

The key benefit of holding insurance cover within superannuation is that **the superannuation fund can claim a tax deduction against assessable fund income for the cost of the premium relating to death, TPD and in some circumstances, salary continuance cover.** Individuals cannot claim a tax deduction in this way. The superannuation fund may also pass on the benefit of the tax deduction to the member, using it to offset assessable income and enabling you to purchase the amount of insurance cover you need.

There are two ways you can fund the cover through your superannuation.

1. You can elect to have the cost of cover deducted from accumulated investment benefits
2. You can make additional contributions to fund the cost of the cover

With the second option you can strategise to maximise the cash-flow and superannuation benefits of having the cover held within superannuation. Consider the following case study:

Dr. Amy Jones has a salary package of \$109,000 (including superannuation guarantee). Her financial adviser suggests taking death and TPD cover with a premium of \$4,000 pa. She agrees. There are five ways Amy can fund this cover: (*see also tables on next page*)

1. Amy purchases the insurance policy out of her after-tax salary
2. The insurance policy is owned within superannuation

and Amy makes additional personal contributions to her superannuation.

3. The insurance policy is owned within superannuation with the premium funded solely from Amy's Super Guarantee contribution/accumulated benefits.
4. The insurance policy is owned within superannuation and Amy salary sacrifices an additional amount of her pre-tax salary. (Amy's employer contributions are increased by the amount of the premium)
5. The insurance policy is owned within superannuation. The premium is funded by an additional employer contribution equivalent to the amount of pre tax \$\$ that would have been required to fund the premium in after tax salary \$\$ (That is, to give the same take-home pay as scenarios 1 & 2.) Given a marginal tax rate of 41.5%, the additional employer contribution required is calculated as follows:

Additional employer contribution

$$\begin{aligned} &= \text{Cost of premium} \div (1 - \text{marginal tax rate}) \\ &= \$4,000 \div 0.585 \\ &= \$6,838 \end{aligned}$$

To achieve the best long term outcome (greatest gross cash-flow and increase in superannuation benefits) the best approach is to use scenario 5 – where Amy salary sacrifices to fund the cover.

Scenario 2 provides a marginally better result from a superannuation benefit perspective than scenario 1, due to the tax deduction that can be claimed by the superannuation.

If cash-flow is Amy's biggest current concern, Scenarios 3 and 4 provide a better outcome. However, Amy's retirement benefit funding will be compromised.

Under scenario 4, the higher cash flow results because only \$4,000 of pre tax salary is required to fund the premium in super whereas \$6,838 of pre tax salary would have been required to fund the \$4,000 premium after deducting 41.5% tax had the insurance been held outside super.

You don't have to understand the fine details to obtain security & protection for you and your loved ones.

Get expert advice and a free assessment of your insurance needs today: contact

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		Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
Income Situation	Salary (take home)	\$100,000	\$100,000	\$100,000	\$96,000	\$93,162
	Tax + ML (08/09)	\$27,500	\$27,500	\$27,500	\$25,840	\$24,662
	Net of tax income	\$72,500	\$72,500	\$72,500	\$70,160	\$68,500
	Premium	\$4,000				
	Personal Contribution		\$4,000			
	Net Income	\$68,500	\$68,500	\$72,500	\$70,160	\$68,500

Super Contribution	Taxable Contribution to Super	\$9,000	\$9,000	\$9,000	\$13,000	\$15,838
	Premium Cost		\$4,000	\$4,000	\$4,000	\$4,000
	Net taxable contribution	\$9,000	\$5,000	\$9,000	\$5,000	\$11,838
	Fund Tax charge		\$4,000			
	Personal Contribution		\$4,000			
	Net Super Increase	\$7,650	\$8,250	\$4,250	\$7,650	\$10,062
Total income & Superannuation Increase		\$76,150	\$76,750	\$76,750	\$77,810	\$78,562
Annual Benefit over scenario 1			\$600	\$600	\$1,660	\$2,412



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Lyceum Luncheon July 15th 2009: STOP PRESS!!

AFMW & VMWS are proud to host

MALALAI JOYA

**"the bravest woman in Afghanistan "
at our 2009 Lyceum Luncheon**

"Malalai Joya is a staunch defender of human rights and a powerful voice for Afghan women ..."

Brad Adams, Human Rights Watch



Photos of Malalai Joya reproduced from <http://malalaijoya.com>

Malalai Joya (born April 25, 1978) is an Afghan politician who has been called "the bravest woman in Afghanistan" by the BBC. Joya was elected to the 249-seat National Assembly, or Wolesi Jirga in September 2005, as a representative of Farah Province, winning the second highest number of votes in the province.

The daughter of a former medical student who lost a foot while fighting the Soviet invasion of Afghanistan, Malalai Joya was 4 years old when her family fled Afghanistan in 1982 to the refugee camps of Iran and later Pakistan. After the Soviet withdrawal, Malalai Joya returned to Afghanistan in 1998 during the Taliban's reign. As a young woman she worked as a social activist and was named a director of the non-governmental group, *Organisation of Promoting Afghan Women's Capabilities (OPAWC)*.

Malalai Joya gained international attention in December 2003 when, as an elected delegate to the Loya Jirga (Grand Council) convention to ratify the Constitution of Afghanistan, she spoke out publicly against the domination of warlords. In response, Sibghatullah Mojaddedi, chief of the Loya Jirga called her "infidel" and "communist". Since then she has survived four assassination attempts, and travels in Afghanistan under a burqa and with armed guards.

Joya has been compared to the symbol of Burma 's democracy movement, Aung San Suu Kyi.

"Every democrat must be ready to die for truth and freedom," said Ms Joya. "I am not better than any of the others, but I am young and energetic and the women of Afghanistan need me."

Malalai Joya is also director of the non-governmental group, Organisation of Promoting Afghan Women's Capabilities (OPAWC) in the Western Afghanistan provinces of Herat and Farah. She is married to Kabul-based student of agriculture and has six sisters and three brothers.

Source: http://en.wikipedia.org/wiki/Malalai_Joya and <http://www.unisa.edu.au/hawkecentre/events/2007events/Malalaijoya.asp>. More information about Malalai Joya at <http://malalaijoya.com>.

Donations to Joya's work will be accepted at the Lyceum Luncheon.



&



Victorian Medical Women's Society

Jointly invite you to the annual

Lyceum Luncheon

Guest speaker: Malalai Joya

Date/Time: Wednesday July 15th 2009, 12pm for 12:30pm start

Venue: The Lyceum Club, Ridgeway Place, Melbourne



RSVP (essential): Email vic@afmw.org.au, SMS 0415 221 982 or mail to PO Box 202, East Melbourne 3002 by close of business Monday 13 July 2009

Dress code: Smart casual/lounge for women, tie essential for men

Cost: Free for AFMW & VMWS members; \$35 for non-members (membership forms are available online at <http://www.afmw.org.au/vic/vmws-membership>)

Payment options:

1. Pay online via Paypal at <http://www.afmw.org.au/vic/vmws-events>
2. Pay by cheque (made payable to Victorian Medical Women's Society and mail to PO Box 202, East Melbourne 3002)
3. Pay by electronic funds transfer (BSB: 033089 Account number: 297664) Please include your initials & surname in the transfer information and advise us of the transfer date in your RSVP.

Note: Membership payments will be accepted on the day but advance payment is preferred.

RSVP – I will be attending the Lyceum Luncheon

Your name: _____ Fax: _____

Email: _____ Mobile phone number: _____

I will require transport to/ from the venue

I enclose payment (preferable)

I am a AFMW/VMWS Member

I will pay on the day

Did you know that being a member of VMWS automatically makes you a member of the Australian Federation of Medical Women (AFMW) and Medical Women's International Association (MWIA)?

Check out their websites:
AFMW <http://afmw.org.au>
MWIA <http://mwia.net>

Photos from recent VMWS events...

"How We Do What We Do", 4 March 2009



"Adventure Evening", 12 May 2009



More photos in the August newsletter!!

Sign up for your free AFMW e-newsletters!

Are you receiving e-newsletters from the Australian Federation of Medical Women (AFMW)? If not, visit the AFMW website at <http://afmw.org.au> to subscribe free of charge online! The AFMW website contains a wealth of information about activities and events relevant to you, so do yourself a favour and visit today!



Jokes to lighten up your day from WorkJoke.com

The surgeon told his patient who woke up after having been operated: "I'm afraid we're going to have to operate on you again. Because, you see, I forgot my rubber gloves inside you." "Well, if it's just because of them, I'd rather pay for them if you just leave me alone."

A man walks into a doctor's office. He has a cucumber up his nose, a carrot in his left ear and a banana in his right ear. "What's the matter with me?" he asks the doctor. The doctor replies, "You're not eating properly."

A SHORT HISTORY OF MEDICINE: "Doctor, I have an ear ache."

2000 B.C. "Here, eat this root."

1000 B.C. "That root is heathen, say this prayer."

1850 A.D. "That prayer is superstition, drink this potion."

1940 A.D. "That potion is snake oil, swallow this pill."

1985 A.D. "That pill is ineffective, take this antibiotic."

2000 A.D. "That antibiotic is artificial. Here, eat this root!"

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