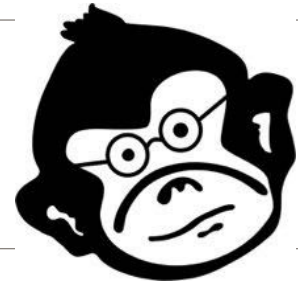

APE 2017



Flow

APE 2017 comprised three weeks of presentations and discussion. This summary gives just a hint of the content and hopefully a flavour of the quality and range of presentations.

The theme of *Flow* was chosen for 2017. It was seen as relevant across many disciplines - medicine, finance, engineering and others. *Flow* was a very popular term in the 1990s. *Flow* certainly persists as a term of art and during the course of the APE sessions we learned how it has been adapted in different areas.

It was actually inspiring to see the inventiveness with which *flow* was incorporated into the presentations. Much reference was made to the 1990 work of Mihaly Csikszentmihalyi but there were many homonyms and even original acronyms that expanded the range of discussion, beyond the old buzzword, to make *flow* fresh in the new millennia.

The convenors - Dr Vida Viliunas and Dr Rod Katz

Week 1: Introductory remarks

Rod Katz gained his PhD from Sydney University in 1996 following undergraduate degrees in Economics and Law from ANU and a career in banking and finance. Rod's interests include moral philosophy, road safety and active transport.



Rod's introductory presentation covers the reason for choosing *flow* as the theme. Flow is regularly cited by sports enthusiasts, psychologists and work analysts as the defining characteristic of successful and happy people. The seminal book¹ by Csikszentmihalyi describes the essential elements of a *flow* experience. These characteristics emerge from surveys of people who have found happiness through *flow*:

1. a task
2. an ability to concentrate
3. clear goals
4. immediate feedback
5. involvement removes from day to day concerns
6. sense of control
7. concern for self disappears while awareness increases
8. sense of time changes

Rod goes on to describe the implications of the *flow* literature for structuring many aspects of life including work and family.

Flow of Patients - Dr Russell Bourne

Russell is an orthopaedic surgeon and the director of orthopaedics at the Sunshine Coast Health and Hospital Service.

Russell describes the flow of patients through the current system and efforts to streamline that flow in the light of significant and increasing waiting lists.

A contract has been entered into with a nearby private hospital. The motivation for the contract was to help address the extended waiting list. The impact of the contract and the effect on the system as a whole are discussed including the effectiveness of the contracting out approach, especially where out-patient care remains the responsibility of the public hospital.



¹ Csikszentmihalyi, Mihaly (1990). *Flow : the psychology of optimal experience* (1st ed.). New York: Harper & Row. ISBN 9780060162535.

Part of the issue with flow of patients is the high rate of referrals to specialists where clinical indications may not justify it. This was reflected in a low transfer rate from consultation to procedure. Introducing physiotherapists as a triage stage in a musculoskeletal pathway of care had a significant benefit in increasing the flow of appropriate patients for treatment by orthopaedic surgical services.

Making the most of your day in court - Judge Samantha Marks

Samantha has worked as a barrister since 1989 and took silk in 2010. She practiced principally in commercial law, employment, probate and TFM matters as a legal advisor, advocate and mediator. In 2016 she was appointed as a judge on the Victorian County Court.



The experience of appearing in court for those not used to it is daunting and confusing. It can involve complex and obscure language. The experience is not dissimilar to a lay person trying to find their way through a hospital - poor signage and terms or acronyms that have little or no meaning to the outsider.

Most people will at some time be in court for something – partnership dissolution, children in trouble, crime, parents, probate, expert testimony etc. The reality of appearing in court is very different to the fantasy portrayed on TV and it is useful to have a good idea of what it is actually like before you have ‘your day...’.

Increasingly, courts are introducing *Plain English* requirements. This, together with a good lawyer taking you through the maze, can make the experience more intelligible.

Courts are becoming less formal – though you still bow to the judge, the queen’s name is invoked, people are making oaths on books of religion and there are many other codes that are foreign to the daily grind.

To prepare for your time in court, talk to someone who has been there before, and talk to your lawyer. You need to bear in mind that you know the details of your case better than anyone. You need to communicate the essentials of your case. Even if you are not used to ‘legal speak’, you can generally rely on the judge to understand your lexicon.

For optimum results be organised, be prepared, have a chronology, prepare your documents. Do not be daunted by having to run your own case if you can’t afford lawyers - In many cases people represent themselves (for example in Judge Marks’ court approximately 25% of commercial cases involve self-representation). It is essential to tell your story clearly - this is achieved by being well organised and having the chronology clearly set out - probably with dot points.

Samantha’s presentation was embellished with many anecdotes and words of advice. One particular piece of advice that was given to her by a fellow judge on making the transition from

bar to bench was to “sit down and shut up”. These were very important for her to keep in mind after years of appearing in court and doing the persuading, standing whenever the judge is announced!

Minimum invasive or open FLOW in colorectal surgery - Associate Professor Andrew Stevenson

Andrew is the director of the Colorectal Surgery at Royal Brisbane Hospital and Associate Professor at the University of Queensland. He has been at the forefront of clinical trials of different surgical approaches to colorectal cancer treatment and is internationally recognised as a leader in his field.



Andrew takes us through the evidence on laparoscopic colorectal procedures compared with open procedures. The account begins with a hat-tip to his mentor Dr Russell Stitz who was one of the first to recognise the possibility of laparoscopic alternatives for colorectal surgery. The presentation then goes through the evidence based on different multi-centre trials. Evidence for laparoscopic colon surgery has been steadily improving. The benefits have included lower 30 day morbidity and mortality, equivalent long term disease recurrence and overall mortality. Factors associated with conversion to open surgery include; Male gender, rectal and T3/T4 tumour, node - positive disease, and high BMI. The conclusion is that laparoscopy is more cost-effective and produces better patient outcomes. The goal for colon cancer treatment improvement is thus to increase the skill levels and technology to ensure that more patients have a successful laparoscopic procedure.

The situation for rectal cancer is less clear cut. However the success rates for laparoscopic surgery and minimally invasive (trans-anal) approaches for rectal cancers are showing considerable improvement. Introduction of robotic technologies is contributing to optimism but there is also caution about the over-excitement associated with complex and novel technologies.

Bell Medical: Corporate Health - Alan Bell

Alan Bell has many years of experience in the Human Capital and Health sectors. He was founder and CEO of Chandler MacLeod Health and grew that business into one of the major Health and Medical service providers in Australia. He has created a new business called Aware Medical.



Alan's presentation provides an update on Aware Medical, a business offering a toolkit of health screening services. These include heart and cardiovascular, lung function, heart rate variability, pathology, stress levels, ECG and sleep apnoea amongst others.

This toolkit provides information to individuals, employers or sports team managers. It is a radically different approach to the traditional GP - patient relationship. All assessments can be delivered at the client site and their technology platform captures a participant's health information efficiently with a detailed "plain English" report. The participant can then act themselves, in concert with their Doctors and / or engage the Aware Medical "HealthCoach" program.

The model Alan has developed generates significant debate as it raises concerns about 'over-medicalisation' and generalised screening.

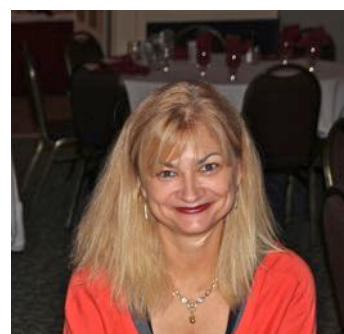
The proof over time will be the take up of the service by employers who will identify whether staff value the service as a retention benefit and whether the overall health of employees is shown to improve through identifying issues they were previously not aware of.

Initial anecdotal and participant screening results from users of the system are positive. Virtually all say they have enjoyed the general education and over 25% have taken further intervention with their chosen practitioners.

Alan reports that corporate clients describe the on-site capability as faster, more convenient and more thorough, yet less expensive, than the current corporate health services available.

Dementia - Dr Kirsten Bailey

Dr Bailey is a Fellow of the Australian Faculty of Rehabilitation Medicine. She practices as a Consultant in Rehabilitation Medicine at several public and private facilities in Newcastle with a special interest in Musculo-Skeletal medicine.



The remorseless flow of time and the ageing of the population is showing up in "an epidemic" of dementia. In 2015, 50m people were estimated to be suffering from dementia worldwide. By 2030 and 2050 this number will increase to 100m and 150m respectively. Kirsten reports on her learnings from world dementia experts while attending the Nordic Geriatric Conference in Finland in June 2016.

Risk factors for dementia can be classified as non-modifiable (low level of education, socio-economic status and low exercise) and modifiable (obesity, cardiovascular disease, diabetes, high BP in middle age, smoking, childhood trauma, amyloid, depression, and some prescription medications).

The relationship to childhood trauma has been identified in two retrospective trials. Speculation is that if genes for expression of information get turned on early in life, then they may more easily be turned on later. Inflammation accelerates ageing and cognitive decline.

BP control has a number of implications for dementia in the elderly. For people in the 65-74 age range, reducing BP to below 140mmHg is protective against CVD. As they then live longer they are more susceptible to dementia. In the next age cohort (74-85), fluctuating BP causes transient cerebral hypoperfusion and increased risk of cognitive decline. In the next cohort again (>85), high BP is protective for cognitive decline.

Depression is a risk factor for dementia. Treatment of depression with SSRIs does show some effect on risk of dementia but only for mild, not severe, depression. The causal relationship flows the other way in some circumstances. Dementia may be a risk factor for depression where the person has preserved insight, they are young, they are poorly socialised or have poor coping strategies.

Some common pharmaceuticals that are implicated in dementia are Proton Pump Inhibitors (PPIs) - 1.4X and Benzodiazepines - 2-3X increased risk of dementia. These are very concerning figures given the high rates of, often inappropriate, prescription of these medications. Anticholinergics increase the risk of dementia in a dose dependent way. An important strategy for health systems is education on de-prescribing - there are increasingly available software programs for reviewing pharmacy orders.

There are serious implications for road safety in growing proportions of demented drivers. To date we have no international consensus on licensing of drivers affected by dementia.

Information Flow - Dr Mark Porter

Mark is an orthopaedic surgeon in private practice in Canberra specialising in sports injuries. His background includes 16 years as an international representative boxer. He has a lifetime average of one marathon per year and is rare among orthopaedic surgeons in having a doctorate.

Mark makes the observation that we live in an age where mobile phones are more accessible than clean toilets. From a professional practice standpoint, this means that one is never far from unwarranted criticism. Mark recounts a number of instances of online sharing of radiology images and surgical commentary, without a comprehensive understanding of the surgical issues. This can be severely prejudicial to reputation and self worth.



As an antidote to the 'fake news' and uninformed commentary Mark has developed a number of tactics to filter the information flow and keep up with new developments.

For instance, he makes distinctions between:

- Wisdom - synthesises knowledge, information and data into a surgical plan
- Knowledge - arrived at after a period of analysis and reflection on information
- Information - often provided through journals, conversations with colleagues etc., and
- Data

Mark also describes an information filter that he uses based on a mental model of Usefulness as a function of Relevance and Validity and the Work needed to assimilate the information. $U = (R \times V)/W$.

One of the features of orthopaedics is the extent of self-interest associated with different information flows. There is a strong element of marketing to patients associated with much of the flow of information available online.

For a purer flow towards wisdom, there is a need for well designed trials and robust studies that are able to be reproduced.

Ultimately, Mark hopes to read a POEM - Patient Oriented Evidence-based Material.

FLOW = Future Leaders of the World - [Dirk Stroda](#)

Dirk is a mental coach, based in Kelowna, Canada, since 1992 but offering seminars and coaching across several continents. He has a long association with elite sport from his homeland of Germany through to working with olympians, politicians and entrepreneurs, equestrians and international golfers.

Dirk is a practiced and engaging speaker. He lures in the audience with the possibility of greatness and success. For the APE conference he promises two simple and effective tools.

As an introduction he notes the need for modulation and the harnessing of energy. He provides a case study of a cross country skier who had flat energy. He used a few techniques on her to adjust her mind and body for optimal flow. She was able to achieve 'flow' and won her upcoming event in a PB.

The first tool Dirk's shared is a breathing exercise requiring you to sit in a relaxed position with hand on heart. By breathing in and out, as if through the heart, the brain is synchronised with the body. He cites work by Dr J Andrew Armour in the field of neurocardiology as supporting the efficacy of this approach.

The second technique has become very much the signature of APE 2017. It is the anticipatory victory salute. By reverse engineering the gesture of the winning competitor, the mind and body

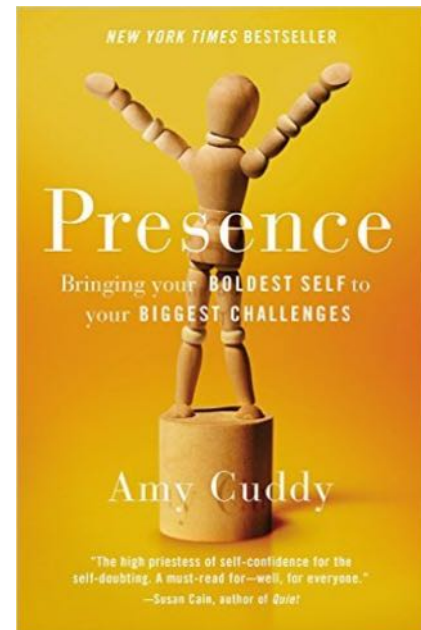


are freed to succeed. The recommended power pose is that portrayed on the cover of Amy Cuddy's book - cited by Dirk (recent literature questions the work of Amy Cuddy).

Dirk recommends adopting this power position for two minutes prior to a challenge or competition. For a more fundamental adjustment in the lead up to major competition he recommends a four week structure where you work to:

- Be curious about the performance
- Identify challenges and immediately identify the solutions
- Develop clarity and certainty
- Focus on preparedness and readiness

Dirk will be presenting in Australia in November 2017 and invites participants to register for his Masterplan of 7 'neuro tools' that stimulate the brain.



Defying ageing - Glenn Purdy

Glenn is a real estate investor with a background working in systems with the Tony Robbins organisation and others. Dirk referred Glenn to us as an 'excellent speaker and not to be missed'. Glenn is very much the archetype of the fast talking salesman and the techniques demonstrated by Glenn were fascinating to observe. Glenn has moved on from selling real estate to selling supplements. He believed so much in the SomaLife products that he 'bought the company'.

Glenn presented the history of the Somalife product - an amino acid stack that seeks to increase the level of Human Growth Hormone without generating the adverse side-effects of taking HGH directly. The stack was identified and patented by Dr Philip White the chief of staff at Kelowna General Hospital. It has received FDA approval for safety. The evidence for efficacy is largely based on anecdote and the APE audience was rightly questioning of the claims made for the product. Nevertheless, many accepted the free samples provided by Glenn. Post session it was identified that Glenn had been very generous in providing approximately 60 packs given they have an RRP of A\$72 per bottle!



Menstrual Flow and meeting Aunt Flo - Dr Mala Thondan

Mala is a GP practicing in East Kew, Victoria. She has interests in preventative health, women's health, obstetrics, polycystic ovary syndrome and paediatrics.



Mala introduces her presentation by playing the brilliant youtube video - '[Meeting Aunt Flo](#)'.

Menstrual disorders and menopause are not commonly discussed in mixed fora. This needs to be addressed given that it is an occurrence of enormous importance to at least half the population. For most women it occurs 400-450 times in a lifetime and has important physical and psychological dimensions.

Of particular concern to women are **painful, irregular** and **heavy** periods.

Mild pain is common. Severe pain needs attention. Endometriosis may be responsible for painful periods but diagnosis is not always clear - sometimes a good ultrasound will pick it up, generally it requires laparoscopy.

Irregular periods may be the result of polycystic ovary syndrome (PCOS). This is especially prevalent in indigenous women and associated with obesity and genetic factors. Other symptoms of PCOS include excess hair growth, weight gain and acne. It is the most common cause for presentation for reproductive assistance (infertility specialists). Management is through diet, exercise and medication. The important implication is the associated insulin resistance leading to Type 2 Diabetes and heart disease, hence the importance of seeking help if it is suspected.

Heavy periods are most commonly the result of fibroids. Treatment options include medical (pill, hormone-containing IUD, Progesterone implants eg Implanon or Depo Provera) and surgical (ablation of uterine lining/ hysterectomy).

The discussion notes the earlier onset of menarche (first period) in the population, possibly related to incidence of obesity and overweight.

At the other end of the cycle, menopause is defined as the absence of a period for 12 months. The symptoms of menopause can last over 10 years (average 5 years). Alleviating the negative aspects of menopause through hormone replacement therapy has become controversial since the results of the Women's Health Initiative clinical trial were published in 2002. This established that there is an increased risk of breast cancer, heart attack and stroke associated with HRT however, short term use of low dose HRT is acceptable in particular patients where benefits outweigh risks.

Information Flow - Prof Helena Teede

Helena is professor of Women's Health, Executive Director Monash Partners Academic Health Science Centre, Director Monash Centre for Health Research and Implementation. She is also head of the Diabetes Unit at Monash Health and NHMRC Practitioner fellow.



In this presentation, Helena identifies current issues with sharing of effort, information, and funding in health research.

One of the major problems with our health research system is the silos of activity. Silos include federally funded health systems and research bodies, GPs and state funded hospitals. Links between research, clinical practice and patient priorities are not clear.

Traditionally, there was a unidirectional concept of translation of research where treatments are seen as flowing from “bench to bedside to practice”. This incorporates all aspects of research from basic science, through simulations and modelling, including animal testing, human trials, clinical trials, system implementation, epidemiological studies through to population health studies.

Helena describes efforts made to transform this into a more iterative process where clinical and patient priorities attract greater emphasis. Understandably, this involves institutional change with all the potential for confusion, anxiety, resistance, frustration and false starts common to change management. Overcoming these trials requires effort and clear vision. This has been forthcoming in the form of a 2013 National Review of Health and Medical Research led by Simon McKeon.

The McKeon review has seen the creation of a number of Academic Health Science Centres (AHSCs). Twelve applications to become an AHSC were received by the judging panel and four have been accredited to date including that with which Helena is involved. This model promises to integrate needs of clinicians, researchers and patients more effectively than previous silo approaches.

Helena uses the Monash AHSC as a case in point to illustrate how the partner organisations contribute, encourage and benefit from the research carried out by the AHSC. There is significant funding (\$1bn p.a.) on the table to fund research using the AHSC model. This funding sits outside NHMRC funding.

This presentation provides an important update on health research funding in Australia and heralds promise for research that will link investigators, clinicians and patients.

Snoring and sleep apnoea: Happiness and Flow - A/Prof Darren Mansfield

Darren is deputy director of Respiratory Medicine at Monash Health. He completed a PhD in sleep disorders looking at the interaction of sleep disordered breathing and heart function in patients with congestive heart failure. Darren's subject generates extensive discussion as people question him about their personal experiences with family and friends suffering disordered breathing during sleep.



Darren eschews the obvious segue between flow and sleep apnoea to discuss the relationship, described by Csikszentmihalyi, between the level of challenge and the level of skill.

Darren provides a refresher on the physiology of snoring and the more popular treatments, including CPAP machines.

Most sleep researchers had assumed that, due to the stresses placed on the cardiovascular system from apnoea episodes, there would be CVS health events that would be avoided by treatment. However, the SAVE (Sleep Apnoea cardioVascular Endpoints) study (August 2016), failed to demonstrate that sufferers of apnoea who were treated with CPAP had fewer cardiovascular events than control groups. This has created something of a storm in the world of sleep and the analysis is currently being reviewed.

Is this a case of interrupted flow not being so bad after all?

Erratic Flow: Causes and Solutions - Peter Katz

Peter is the CEO of Reliance Rail, a company that is financing, manufacturing and maintaining 78 new 8 car double deck stainless steel train sets for Sydney trains. Peter has extensive experience as an engineer, project manager, consultant and latterly senior executive.

Peter's engineering masters from Purdue University dealt with hydrological flow and he spent much of his early engineering career ensuring that water flowed into dams. He applies this expertise to explaining some of the physics of flow. Complex flow equations, such as Navier-Stokes, are regularly used in understanding fluid flows.



Moving from the complex mathematical to more mundane examples of flow, including flow-yoga, Peter acknowledges that the precise computation of flow may not be well understood but we know when it feels right. Sometimes this will be an illusion and we need to be wary of when flow becomes spray.

The interrelation of energy and flow were examined. Peter explained the energy preservation during movement from potential energy in deep slow subcritical flowing water to kinetic energy in fast flowing supercritical shallow water. Unfortunately this usually ends in energy-dissipating turbulence. Again the parallels in social life were examined.

Extending the analogy, Peter describes the equations for turbulent flow and contrasts these with laminar and vortex flow. Choosing flow type is a good metaphor for life: Laminar is slow and organised, Vortex is swirling and often countercurrent, Turbulent is disorganised with high velocities.

A very technical and yet intuitive presentation!

Flow in Diving Medicine - Dr Susannah Sherlock

Dr Susannah Sherlock is an anaesthetist and hyperbaric physician. She works at the Royal Brisbane and Women's Hospital and The Prince Charles Hospital in Brisbane.

Susannah is an instructor for the Herston Skills Centre (anaesthetic crises simulation) and an examiner with the Australian and New Zealand College of Anaesthetists. She gives credit in her presentation to Lt Cdr Paul Smith (Ret) from the Australian Navy who provided insights into the flow mentality of navy divers.



Susannah also credits Mihaly Csizsentihaly with his persuasive insights into the need for a balance between challenge and mastery to be in the 'zone'. One of the consequences of seeking out 'Flow' in the diving context is that it can be deadly. As described in Csizsentihaly's work, those involved in flow activities are often completely immersed (no pun intended) in the task and they lose track of time. When reliant on a fixed amount of oxygen, losing track of time can be fatal.

Susannah uses a number of case studies to illustrate this point. Each of these involves a different type of diver fatality (breath hold, scuba, technical cave diver) and each involves some basic errors on review.

Lessons for divers are clear - don't get carried away with the flow; do dive with a partner and don't separate, have an annual medical and be honest about health issues, drop weights if in trouble, plan your dive thoroughly and monitor your air and time. These lessons undoubtedly apply to many other realms involving being on the edge of challenge and skill.

Astrology - Jodie Vass

Jodie stepped into the program to replace her husband, Justin, who thought that a urological talk on flow would be too obvious!

This presentation involves great courage. Jodie opened up about herself, her family and the events that led her to become an astrology devotee. She describes the essential elements of an astrological reading and makes mention of some of the internet resources now available for consulting the stars on the run. She reveals the charts of various world leaders and celebrities including Donald Trump. Unfortunately, there does not seem to be any great salvation in the stars for those concerned about a political catastrophe. Jodie was well prepared for the sceptical questioning and handled the 'extreme vetting' with great aplomb. The presentation was much discussed in the post session gatherings.



Paediatric Cancer Classification - Dr Tim Hassall

Senior Staff Specialist in
Paediatric Oncology
Department of Haematology/Oncology
Children's Health Queensland

Tim opens this presentation with a delightful reference to the inspirational writer Cassie Mendoza-Jones who uses a mnemonic of FLOW to shift feelings of self worth:

- **F**ollow you own path
- **L**et go of your perceptions
- **O**pen up to new attitudes and patterns
- **W**ork with what you have

He then describes some of the recent advances in molecular biology and how these have opened up our understanding of types of brain cancers.

Coming out of these advances has been a major restructuring in classifications of cancers especially diffuse gliomas and embryonal tumours. In some cases the molecular classification provides better management guidance than the histological criteria alone. New classifications are documented in the 2016 WHO publication of classification of tumours of the Central Nervous System. The different elements in classification provide for a layered diagnosis based on:

- Tissue



- Histology
- WHO grade (reflecting natural history)
- Molecular information

The changes to classifications have led to some confusion among patients and family who were previously given a diagnosis that has been replaced in the classification system.

In the future it is possible that the refinements in classification will allow for individualised treatments. Even now, the improved prognostic power may spare some patients intensive and likely futile treatment.

Aortic Stenosis - Dr Simon Moten

Simon is a consultant cardio-thoracic surgeon at Austin Health and Royal Melbourne Hospital. He completed his specialist qualifications after serving as a doctor in the Australian military.

Simon brings to our attention the work of Steven Kotler who has reinvented the Flow concept in his book, *The Rise of Superman: Decoding the Science of Ultimate Human Performance*. Kotler describes the Flow state as “...where the impossible becomes possible, where time slows down and a perfect moment becomes attainable”. Listening to Simon present, one is struck with the thought that it must be like that to be a cardiac surgeon. Simon is too modest to agree.



Simon presents the anatomy of the heart and uses cross-sectional images to show the difference between normal and stenosed aorta. Sufferers of aortic stenosis may experience chest pain, fatigue, breathlessness and palpitations - all the result of lack of blood flow due to the narrowing of the aorta. It is strongly associated with ageing. Once symptoms develop, untreated it will generally lead to death within two years.

Aortic Valve Replacement (AVR) surgery via a full sternotomy is the gold standard treatment. Simon discusses Transcatheter AVR (TAVR or TAVI - implantation, in European parlance), both Transfemoral (TF) and Transapical (TA), and compares these with surgical valve replacement techniques. Some of the issues addressed include:

- patient suitability (TAVI has been seen as the solution for frail patients who might not tolerate surgery)

- Stroke risk (TAVI has been linked with neurological event risk as the insertion of the catheter is thought to carry the possibility of throwing off emboli)
- Pacemaker requirements for the two approaches are thought to differ
- Leakage around the valve may be a greater problem with TAVI

A major trial (the PARTNER II trial) is discussed and the leakage rates with TAVI in particular are highlighted. Simon notes the trend to using TAVI in an increasing range of patients.

An alternative to the minimally invasive TAVI and the traditional surgical approach is a suture-less valve such as the Perceval. Simon is part of an international expert committee reviewing the use of this sort of valve, inserted via a right anterior mini thoracotomy (RAT), compared with transcatheter approaches. It has perceived advantages over traditional surgical methods involving a full sternotomy and over the minimally invasive methods. Important features include:

- It is deployed under direct vision and surgical time is rapid
- There is minimal risk to coronaries
- The valve is likely to be more effective than a TAVI as the calcified valve is excised
- There is likely to be minimal leakage due to the nature of the deployment of the valve
- There may be less risk of emboli than transcatheter approaches

Melbourne results show considerable promise. Multi-centre trial results (Micelli et al 2016) confirm reduced operative mortality, leakage and complications. Results raise questions about the trend towards using TAVI in younger, low risk patients.

Relationship Flow - Simon Marks QC

Simon is a Commercial Litigator and Queen's Counsel in Victoria. He came to the Bar in 1986, having practiced as a solicitor at King & Wood Mallesons (then Mallesons). He practices extensively in commercial litigation and trade practices in the Supreme and Federal courts.

Simon brings to APE recent developments in the ability to contract for distribution of assets as part of a marriage relationship.



Society columns featuring Hollywood celebrities and billionaires have familiarised us with the idea of prenuptial arrangements. However, "prenups" have not been a feature of Australian law until recently. Family relationships, and what happens to assets on dissolution, have been governed by the Australian Family Law Act 1975 (the FLA). Under Section 79 of the FLA, the Family Court is able to make wide ranging orders for the distribution of property in the event of marriage breakup. In 2000, the FLA was amended to allow Binding Financial Agreements (BFAs). BFAs can be made before or during marriage or outside marriage in the case of de facto relationships.

BFAs are fairly straightforward to execute however they do require each party to obtain independent legal advice. Cases of great interest to the press and public have emerged recently - marriages between business men and pole dancers have received a lot of coverage. The question of principle that is often explored in these cases is under what circumstances the

Family Court can set aside a BFA. These circumstances are set out in S90K of the FLA and include:

(e) in respect of the making of a financial agreement--a party to the agreement engaged in conduct that was, in all the circumstances, unconscionable;

Simon provides some interesting, and sometimes salacious, examples of what might be characterised as unconscionable conduct for the purposes of this clause resulting in the FLA interceding to set aside a BFA.

This discussion flowed - and continued to dinner!

KIRORO



This was the first APE conference held in Kiroro and the logistics were smooth under the experienced supervision of Masaru Takada - the Kiroro conventions manager. The delegates appreciated the deep carpeted luxury of Lilac room complete with flexible lighting and excellent sound system. These complemented the experience of a pre-session onsen or play in the snow.



Dr Mark Skacel - The Ebb and Flow of Smoking

Mark is an anaesthetist in private practice in Canberra. He is very unforthcoming about his illustrious career - his LinkedIn profile goes only so far as to admit that he is a self-employed doctor who went to Hesse High School. For the record, he only smokes fish.



When we work in non-smoking environments and our ageing social networks include few smokers, we can be a bit complacent about the health impact of smoking. Mark draws our attention to the history of smoking and its ongoing health effects.

In the early 1900s malignancies of the lung were rare. In the 1930s and 1940s Dr Alton Ochsner identified the connection between smoking and lung cancer. The rate of death peaked in 1990 as better detection and treatment emerged. Factors behind the take-up of smoking were the invention of the safety match (1885) that made it much easier to light up, flue curing of tobacco leaves and cigarette rolling machines. Global tobacco companies and promotion of cigarettes within the military saw an explosion of smoking between the wars.

Cigarette design incorporates features that worsen the product from a health viewpoint. Filters have no benefit and chemical additives to improve taste contribute to carcinogenic impact. Cigarettes contain over 7000 chemicals and 70 are known carcinogens.

Programs to reduce smoking have tended to focus on younger populations. World Bank modelling suggests campaigns should be focussed across both youth and adult markets for maximum effect.

Approaching surgery can be an opportunity to promote quitting. About 8% of older Americans who stop smoking do it in association with surgery. A stop smoking intervention applied 3 weeks prior to surgery was shown to be 3 times as effective as the control with 25% of smokers still abstaining 1 year post surgery (Lee et al 2015).

The post surgical outcomes for smokers and passive smokers are shown to be worse than quitters in a couple of studies.

Smokers having a conversation with physicians about quitting have a 1/33 higher chance of stopping smoking (beyond 6 months) than they would otherwise have had according to the Cochrane Collaboration. It is thus beholden on doctors to advise every smoker to quit.

In Australia today we still have 13% of over 14y.o. smoking daily. Smoking kills 2/3 of these people. Smoking 10 cigs per day doubles your chance of dying and 20% of cancers in Australia are cancer related.

The problem is much worse in other countries. For instance 13-15 y.o. boys in Indonesia have a smoking rate of 24%. COPD is expected to be the third leading cause of death worldwide by 2030 and 80% of COPD deaths are caused by smoking. Deaths from smoking in China were estimated at 1m in 2010 and are expected to grow to 2m by 2030. High smoking rates in China are associated with cheap prices, unrestrained marketing coupled with government revenue streams from tobacco sales.

The economic costs of smoking are huge. In the USA alone they are estimated at \$300b per annum.

Retirement - Dr Ian Davis

Dr Ian Davis is a colorectal and breast surgeon practicing in Canberra.

Ian is currently preoccupied by the question of how we flow on from our existence as a professional, with all the self-identity and social recognition that that entails, to a life of retirement and old age. Contemplating this transition can create considerable anxiety and fear. In some cases it is met with denial. Ian mentions his father who is still consulting at the age of 85 and thus maintaining his professional identity. Few will wish to pursue this route.

Ian asks the question, 'how do we adjust psychologically to a state where we could be seen as less relevant or important?'

It is different for each person - some will transition from one day to the next; operating on Friday to being retired on Monday. Others will have a staged transition.

Planning replacement activities could be a factor but retirement activities may not meet expectations. One case in point is of a surgeon colleague who retired with a view to addressing a lifetime's backlog of gardening and found that he had completed all jobs in six weeks.

Ian suggests that we need to develop a range of interests prior to retirement to ease the transition. (Editor note: is this a future role for APE meetings?). One source of optimism for Ian in his pondering is the delight to be taken in grandchildren.



Editing for Adults - Dr Linda Weber

Linda is an anaesthetist practicing in Canberra. She is an examiner for the Final Fellowship, Australian & New Zealand College of Anaesthetists and Executive Editor of Anaesthesia and Intensive Care - the Journal of the Australian Society of Anaesthetists. She is certified with the Institute of Professional Editors.

Linda provides important information in a humorous and memorable presentation. The subject of editing might seem a little dry at first blush but we are actually living in a time where poor writing is a plague that needs to be addressed.

Linda sets out what an editor does with a focus on revising and correcting material for publication. The objective of the editor is to make information clear, brief, accurate and readable. The writer often loses the ability to tell whether their writing achieves this, especially after a number of drafts.



Writing in English is difficult because words have multiple meanings, meanings have multiple expressions and word order, grammar, punctuation and spelling can influence meaning and convey unintended messages. There is also a 'second English language' of metaphor, slang and euphemism involving, in particular, matters anatomical, sexual and excretory..

The editing process can be broken down based on text facets and criteria for analysis. Without getting too technical, Linda helps us see how different texts based on publication type, content, structure, wording and presentation can be edited for appropriateness, consistency and correctness.

Editing of scholarly journals involves a team of editors, peer reviewers, and production staff. Peer review is discussed in detail given its importance in the process of establishing credibility for published research.

Linda takes us through some of the often hilarious errors that can occur due to poor expression, which are often on display in widely circulated publications.

Falling Libido in Older Women - Dr Julie Hewitt

Julie completed medical training at Auckland University. In 1989 she moved to and began working as a GP in Canberra. She is now working in a GP-run practice in the suburb of Grace and the rural centre of Murrumbateman. Special medical interests include skin cancer medicine and women's health. With her partner Wayne, Julie is developing a 10 acre retirement property in New Zealand.



Falling Libido in Older Women (FLOW) is not a subject that receives enough attention in mixed circles and yet it is a condition that affects the majority of women. The term 'sexual dysfunction' is possibly incorrectly applied to post-menopausal women with low libido given the rates of low libido. Julie has conducted considerable research across the literature and through a survey of her patients. She identifies 12 influences on womens' libido roughly in decreasing importance:

- | | |
|--------------------------|-----------------------|
| 1. relationship, | 7. mental health |
| 2. prior functioning | 8. physical health |
| 3. fatigue | 9. body image |
| 4. hormone levels | 10. medications |
| 5. age | 11. health of partner |
| 6. psychosocial stresses | 12. exercise levels. |

Julie presents the results of a survey administered to her own patients. This finds that there is a nadir in libido in the 50-59 age bracket. There is a libido recovery period in the next decade before a further decline in the 70's. There is a difference between libido and pleasure with the suggestion that while desire may be low, the enjoyment obtained from sex remains significant.

The most important factor identified with falling, or maintained, libido is the partner relationship - this is identified as more important than hormone levels in a 2005 study of sexual function through the natural menopause transition.

Julie notes that a new partner may see an increase in libido. Otherwise there is a lot of advice available as to how to inject relationships with greater intimacy from the traditional chocolates and flowers to listening techniques and displays of recognition or appreciation.

Women coming from higher base of libido tend to retain higher levels compared with others.

Hormones play a significant role. Females suffer an abrupt loss of estrogen associated with menopause. Low androgen (testosterone) is also associated with menopause and is very commonly associated with falling sexual desire. At 70, the level of androgens is only 20% of that of a 20 year old.

Trump, Brexit, low returns and changes to Super - time to panic or just go with the flow? - Brett Dillon CFP

Brett Dillon is Principal of BD Financial Planning, an independently owned boutique practice.

BD Financial Planning has a very diverse client base ranging from medical specialists to tradies and some expat clients. Brett enjoys helping clients to deal with their financial complexities and to grow and protect their wealth.



Brett took us back to January 2016 when there were also outcries of alarm about impending financial catastrophe. RBS famously put out a recommendation to sell everything - since that time the market has increased 15% so clients following this advice should be very unhappy.

While the markets have held up well there is no shortage of disruptive change. Both Brexit and the US election have seen moves in asset values but some of these have surprised positively.

Brett, while carefully avoiding offering advice, endorses a 'go with the flow' approach where we control the things we can control and prepare for the few certainties that lie ahead of us. These certainties are our own ageing and that of society as a whole.

By 2050 a quarter of the population will be over 65 and this has implications for the structure of the economy. Investment themes might include aged care, pharma, outsourcing, finance (especially annuities providers), lifestyle and leisure industries (e.g. caravans for grey nomads).

Brett likens super to a 'Cayman Islands bank account' from a taxation viewpoint. Given the preferential treatment of super, it should remain a major part of planning even though the tinkering that has occurred over the years has made it less shiny than it once was.

The major recent changes to super, mainly taking effect from 1/7/17, are discussed. Most importantly:

- Non-concessional contribution (NCC) limit reduced to \$100k p.a.
- Concessional contribution (CC) limit reduced to \$25k
- The \$1.6m limit on tax free allocated pension balance (balances over \$1.6m will need to remain in super and be taxed at 15% on earnings)
- Transition to retirement (TTR) rule changes making TTR pension strategies largely irrelevant for most people

On the basis of these changes, Brett recommends a revisiting of strategies with key questions being:

- Is reliance on CC appropriate or should you look at NCCs as well?
- What timing changes can be implemented in regards to property proceeds or inheritances to bring them within the higher limits applying pre 1 July?
- Are family trust and investment company structures now attractive?

Of course, fundamental to planning are the questions of what sort of income will be needed in future years based on lifestyle and anticipated other needs such as healthcare. Brett recommends people consider outsourcing aspects of financial management relating to technical compliance and strategy implementation. This allows a focus on the key questions of what corpus is needed to achieve target income and consume the capital at an acceptable rate.

The use of financial models to identify capital burn rates and allow for contingencies is a fundamental part of planning. It allows an explicit recognition of different lifestyle and financial factors.

Flow meets Kilimanjaro - Dr Vida Viliunas

Vida, apart from being co-convenor of APE, is a consultant anaesthetist with a busy practice in Canberra. Her credentials are set out on her website - www.doctorvida.com.au.

Besides being an autotelic anaesthetist, she seeks out flow experiences in trekking and mountain climbing.

The final presentation of APE 2017 took the form of a travelogue. Unlike most travelogues it was replete with the science of survival under extreme conditions. While Kilimanjaro is far from the most extreme mountain ascent, it puts life's challenges into stark relief and is probably just on the tipping point of challenge and mastery described in the Flow literature. It offers contrasts in first world and third world life experiences, an understanding of colonialism and a physical focus. The effects of altitude, recognition of, and treatments for, altitude sickness are discussed.



Wrap up

The APE conferences continue to attract wonderful delegates. Without their contributions, there really would be no meeting. The wisdom shared in a convivial atmosphere creates a platform for the working year ahead.

It is good to look forward to the next conference knowing that you will reconnect with old friends and make new ones.

Thanks for your participation and interest!

For 2018

For 2018 we have selected dates (3-5 and 8-12 Jan) and proposed some themes. A survey of 2017 participants showed a slight preference for *Vision* over other proposed themes (see graph of survey results below). Based on the *Vision* theme, we expect great contributions from ophthalmologists, futurologists, leaders of all stripes, policy developers, planners, professional advisors ... in fact all stripes of professional!

