



## Letter to the Editor

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### 1. Retired doctors in Australia

#### Corresponding Author:

Dr Frank L. Johnson

[freljohnson@futureweb.com.au](mailto:freljohnson@futureweb.com.au)

68 Heron Court, 98 Bayview St, Runaway Bay, Qld, 4216, Australia

Dear Editor,

Many in the medical profession are too far from retirement to be aware of what awaits them when they inevitably hang up the stethoscope. However, given the inevitability of retirement for all of us, it is surprising that the national debate occurring right now over the role of retired doctors is not receiving more attention. In the past, as long as registration with their relevant state or territory medical board was maintained, retired doctors retained the right to use of the title 'Doctor', and to write repeat prescriptions and referrals. However, in 2009, when the Council of Australian Governments (COAG) announced the National Registration and Accreditation Scheme, it proposed to remove these rights entirely. This was not a new reform. State medical boards have at various times in the past decade attempted to erode the traditional rights of retired doctors. Their successes varied from state to state depending on the strength of opposition by retired doctors through organisations such as the Australian Medical Association (AMA).

The basis for this new policy is the belief of the Medical Board of Australia (MBA) that retired doctors pose a risk to patients and the public. However, the Queensland Medical Board has been unable to demonstrate the supposed systemic danger retired doctors present to the public despite repeated invitations by AMA to do so during the last 10 years or so. It is difficult to cite publicly available evidence as most discussion on the issues over the last 10 years has been behind closed doors. The burden of proof rests with the Medical Board to demonstrate retired doctors pose a risk. If one looks at the various indemnity policies required by retired doctors you would see they are not of such a high cost. Those whose job and profit is derived from understanding and assessing risk obviously do not see a need to impose exorbitant fees on retired doctors.

Advocates on behalf of retired practitioners have always believed they should not undertake clinical management of patients. Retired doctors and their family members should have their own general practitioner and rely on that doctor to

diagnose and prescribe. The practice of the retired doctor is limited to writing repeat prescriptions and referrals with reports to go to the GP or treating specialist. As fewer doctors choose to work full-time, the contribution of retired practitioners to the medical workforce will continue to remain important. The MBA and Health Ministers have failed to show any imagination of the possible ways retired doctors can continue to contribute to healthcare. The current category of "Public Interest – Occasional Practice" is quite inappropriate as it does not allow for those doctors retiring after 1 July 2010 to continue a limited form of practice. They are simply given no option but to be put on the 'Non-practicing' register.

As fewer doctors choose to work full-time, the contribution of retired practitioners to the medical work force will continue to remain important. The MBA and Health Ministers have failed to show any imagination of the possible ways retired doctors could be engaged to contribute to the health system. Doctors throughout Australia who disapprove of the current situation should write to the Chair of MBA, their State Health Minister, as well as the Federal Health Minister, Opposition Health spokesmen and local Federal and State Members of Parliament requesting that COAG reconsiders the situation after consultation with the medical profession rather than with bureaucrats. The profession has always expected the highest standards of medical practice by its members.

For us and many other colleagues, the decision to retire from practice was difficult. However, our limited practice has helped us to feel connected to the medical profession and to retain a sense of belonging to what was and still is a large part of our lives. We fear this connection will be lost for all doctors who must confront retirement in the future unless a more reasonable decision is made.

Sincerely,

Dr John Feltoe, (retired GP)  
Everton Park, 4053

A/Prof. Frank Johnson, (retired physician)  
Runaway Bay, 4216

Dr Fred Schubert, (retired radiologist),  
Taringa, 4068



## 2. Sexual Knowledge and sex education among high school children- A qualitative study

### Corresponding Author:

Dr. Rashmi

Email: [csrashmi@yahoo.com](mailto:csrashmi@yahoo.com),

[dr.rashmi.kundapur@gmail.com](mailto:dr.rashmi.kundapur@gmail.com)

Dear Editor,

In spite of chapters on reproduction in text books, children turn to peers on media to gather information on sexuality. Education in human sexuality is required in our schools as this need is currently not being addressed adequately in our society<sup>1</sup>. 70% of high school students learnt about sex from friends. Misconceptions about anatomy, childbirth, HIV were common.<sup>1</sup> 74% of students wanted information about sexuality in lower secondary schools. There were misconceptions on menstruation in Zimbabwe with 23% reporting it was an illness.<sup>2</sup> Knowledge deficits were found in India. All students argued the need to teach young children about human sexuality.<sup>3</sup>

After approval of Ethics committee of J.J.M. Medical College Davangere, India around 30 students were randomly picked from different part of state attending the state congress and were contacted personally by 2 authors at different times and were asked for informed consent. 9 students of them refused to talk about sex and 21 volunteered with verbal consent.

Interviews occurred in private rooms. The interviewers (R), (A.M) (M.B) were standardized with the method of asking, to get more of information & writing the students say verbatim in 2 days training. A semi structured open ended questionnaire was used to get their knowledge. If the answers were unclear interviewer asked for further clarification & summarized the response for children to verify.

Four categories were identified and presented below.

1. Sexual Knowledge: All children felt that they have little knowledge about sex. 3 boys (14%) from city with good educated parents felt that they have adequate knowledge about sex. The reproduction knowledge "how a child is born and what are acts responsible for women to get pregnant" was known by 10 (49%) children majority among them were from city with parents of good educational background. Majority of village children never knew reproduction. 3 of the girls (33%) said marriage was responsible for women to get pregnant. One of the village boy felt kissing was reason for child

birth. 3 children (14%) having uneducated parents knew the word intercourse but they interpreted it differently- "Touching of male & female urine" said a girl. "Touching private parts & sleeping together without clothes" said another, "Doing some act which I am not sure" said one boy. Sexual intercourse is felt as guilt by 7 kids (33%) who were from village.

2. Knowledge of Sex organ and their functions: 3 boys (28%) didn't know how child comes out of mother's womb. 5 girls (50%) thought child come out of mother's umbilicus. None of the boys knew about menstrual cycle nor age of menarche. 50% of girls felt bad blood moving out of body during menstrual flow. All the boys felt masturbation causes weakness. Girls were unaware of masturbation
3. Information on sex: 45% of girls felt "Giving birth to child is mother, so enjoyment by sex is by girls". 45% of girls said "Rapists are males so pleasure from sex will be to men". 60% of boys said "Women instigate sex, so are commercial sex workers. So pleasure from sex is to women". 20% of boys said "Men need to give pleasure to women so women are those who enjoy sex". Almost all were ready to talk freely about sex with their peers. 8 children (32%) discuss about sex with friends, 16% of children (3 girls) wanted to discuss with mother & 2% wanted to discuss with doctors. Except 2 students all other felt that they don't have complete sex education. All the children wanted more information and they needed it in school. Majority wanted the sex education to be separately taught to girls & boys. Almost all felt doctors should give them information about sex.
4. Experience of sex: None of children had any experience of any kind of sexual act. All of them felt 18 was right age for sex. 40% of children felt 20-25 yrs was right age to have sexual experience. Some girls were very particular that they should settle in academic carrier to have sex. Sex was considered as fun, enjoyment & family building process. Girls specially felt a part of family building, process emotional support or an act intended to be between husband and wife or a partner whom they should share their life with. All boys felt sex as part of fun and enjoyment

Young people do have lot of misconceptions about sex so they should be provided with more information on sexual health. Students also have urge in knowing more about sex due to fear of HIV/AIDS.

Sincerely,

Rashmi<sup>1</sup>, Anurupa.M.S<sup>2</sup>, Meghna Bhat<sup>3</sup>, Mahabalaraj,<sup>2</sup> VijayKumar.B<sup>2</sup>

1=Dept of Community Medicine, K.S.Hegde Medical Academy Mangalore, India 2= Dept of Community Medicine J.J.M. Medical College Davangere, India 3= Indiana University School of medicine, Indianapolis, Indiana



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