



DALYELLUP FAMILY MEDICAL CENTRE

Welcome to the DFMC Winter 2016 Newsletter

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Dr Rachel Jackson has left DFMC

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DR RACHEL JACKSON HAS LEFT DFMC



Dr Rachel Jackson left Dalyellup Family Medical Centre on 22nd July.

She had been working here for just over 2 years and will be missed by the Practice and her patients.

Rachel is leaving to pursue her desire to work in some rural and remote Practices around the state where female GPs are often in short supply and the health of people in these communities is very poor.

Rachel has previously worked in rural and remote areas, sometimes as a solo GP. She will be working at the Wiluna Aboriginal Medical Service as well as in other locum positions around the state where she is keen to work to improve the health of people in these remote communities who are often disadvantaged and lack access to vital health services and support.

The staff and patients of Dalyellup Family Medical Centre would like to wish her well in her new role.

NEWS ON PHINEAS

Remember Phineas from our previous newsletters ?



Dalyellup Family Medical Centre would like to thank our patients and staff and the people of Dalyellup who have donated money to assist Phineas.

Phineas is a 60 year old man from Zimbabwe who fell out of a tree in early 2015 and broke his hip. He was not able to walk for 3 months and had limped in pain since as he was not able to afford any medical care.

He was seen by Dr Rennie and the Cosmos team in Zimbabwe in August last year, who took an x-ray that showed a fractured hip that had not repaired. The cost of the operation to repair his hip was going to be \$2000 US.

Dalyellup Family Medical Centre decided to run a competition to guess the

amount of lollies in a jar for \$1 a guess. A lot of our patients made guesses and a young girl was thrilled to win the large jar of lollies with the nearest guess. We also received personal donations of up to \$100 from some of our patients. One of our patients saw that we were fundraising for a good cause and said that she was from that part of the world, as were many other people in her street. She came back after talking to her neighbours with a donation of more than \$200.

All together \$864 was collected and donated to Cosmos Health Care to assist with the cost of the operation. We raised nearly half of what was required for his operation and rehabilitation.

Phineas has had his operation now and we hope to hear soon how he is going.

We are always amazed by how generous people are and the desire to help those in need. We are very thankful to you all for helping to raise this money which has gone to a great cause.

ADVANCED CARE PLANNING

Have you thought about documenting your wishes for treatment if you had a serious illness, unlikely to recover and not able to express yourself? *Advance care planning* provides people with an opportunity to plan and record their health care preferences in case they become ill or injured and unable to express these wishes. These preferences may include, but are not limited to, end-of-life decisions. *Advance care planning* is based on people having the right to be informed about their medical options and to be treated in ways which respect their dignity and prevent suffering.

GPs at DFMC can assist in advance care planning. The possible progression of, and treatment options for illnesses or injuries can be discussed. Information can then be considered and informed choices made about future health care. *Advance care planning* also gives people the opportunity to record their preferences about specific treatments or document their views regarding unacceptable outcomes. This can be documented in what is called an **Advance Care Directive**. An example of a statement in this is: *'If I am in a permanent coma, and I am not likely to communicate meaningfully again, I do not want health care that keeps me alive and would prefer to be comfortable and allowed to die with dignity.'*

Advance care planning can involve nominating a substitute decision-maker who will be able to talk to medical staff about a person's health care preferences if they are unable to do so at the time. Usually this person is a family member or a close friend, someone who can be trusted to act in the person's best interests and respect their previously expressed wishes. Then, if someone is unable to speak for themselves when the time comes the **Advance Care Directive** can provide health professionals and substitute decision-makers with the person's wishes about treatment and acceptable outcomes.

LEAFY GREENS THAT PEOPLE SHOULD NOT THROW AWAY

Have you eaten carrot tops, broccoli or beetroot leaves?

The health benefits of eating dark leafy greens are well known but most people only eat the root part of carrots and beetroots and throw away the leaves.



Carrot and broccoli leaves are edible and highly nutritious.

Beetroot leaves are high in antioxidants such as Vitamin A. Some shops including the Farmer's Markets sell carrots and beetroots with their leaves on.



Better still, grow your own, cut off leaves and eat them in salads, smoothies or sauté them with onions and garlic.

CHLAMYDIA

Chlamydia is the most common sexually transmitted infection among young people in Australia. 75% of women and 50% of men who have this don't experience any symptoms. The infection can be passed on to sexual partners without knowing it. Chlamydia can cause scarring of the fallopian tubes and infertility. A pregnant woman can pass on chlamydia to her baby causing serious lung and eye infections.

Testing for chlamydia in females is usually a urine test and a self-obtained vaginal swab. Testing in males is usually with a urine test.

Referral for testing can be done by seeing a GP at DFMC.

Another way of being tested is at the following website <http://www.couldihaveit.com.au/home> A free test can be ordered via this site.

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