FOCUS MEETING

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Sex, Drugs & Politics

In association with NASOG

2 & 3 November
QT Canberra

NASOG
National Association of Specialist Obstetricians and Gynaecologists

To register please visit **www.ages.com.au/ages-events/**

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Dr Bassem Gerges	Scientific Chair
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Dr Mark Ruff	Committee Member

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This meeting is a RANZCOG approved O&G meeting. Fellows of this college can claim 12.5 CPD Points for full attendance.

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Ms Claire Braund	NSW
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Dr Philip Choi	ACT
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Dr Emma Readman	VIC
Prof Stephen Robson	ACT
Dr Mark Ruff	NSW
Dr Stuart Salfinger	WA
Ms Michelle Thompson	VIC
Dr Geoffrey Toogood	VIC
Dr Michael Wynn-Williams	QLD

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This brochure is available on the AGES website **www.ages.com.au**

WELCOME

Dear Colleagues,

AGES is pleased to welcome you to the 2018 Focus Meeting "Sex, Drugs & Politics" at the QT Canberra. Given that this is the first AGES meeting in Australia's national capital, it is appropriate that the meeting be in association with NASOG, the political voice of our profession in Australia.

Sex... Drugs... Politics... These are all subjects of considerable interest, often concern and sometimes angst for the Australasian population, but also of particular relevance to our profession. The sessions of this meeting focus on subjects relating to sexuality, pharmacological agents and healthcare politics, and their various interrelationships, as they pertain to obstetrics and gynaecology.

The star-studded National Faculty include Claire Braund, the Executive Director of Women on Boards, Michael Gannon, the Immediate Past President of the AMA, Stephen Lane, the President of NASOG, Janine Loader, the Chief Executive Officer of the Mater Hospital Sydney, David Molloy, the Past President of both AGES and NASOG, and Michelle Thompson, the Chief Executive Officer of Marie Stopes Australia.

Some of the issues up for discussion include gender equity, the "Me Too" movement in O&G, the effect of social media on early sexualisation of young people, the rising trend of recreational drug use, iatrogenic low libido secondary to frequently prescribed medicines, trends in pubic hair grooming, the Endometriosis National Action Plan, the increasing government scrutiny of our practice, and predictions of the future outlook for our profession are just a few of the curly issues on the agenda.

This meeting's program is designed to tickle your interest, expand your knowledge, promote discussion and, hopefully, create more than a little controversy...

We hope you enjoy the next two days!

Dr Stephen Lyons
Honorary Secretary, AGES
Conference Chair

Dr Bassem Gerges
Board Member, AGES
Scientific Chair

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Avant	**Clinic to Cloud**
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NASOG	**Rural Lap**

FRIDAY 2ND NOVEMBER 2018

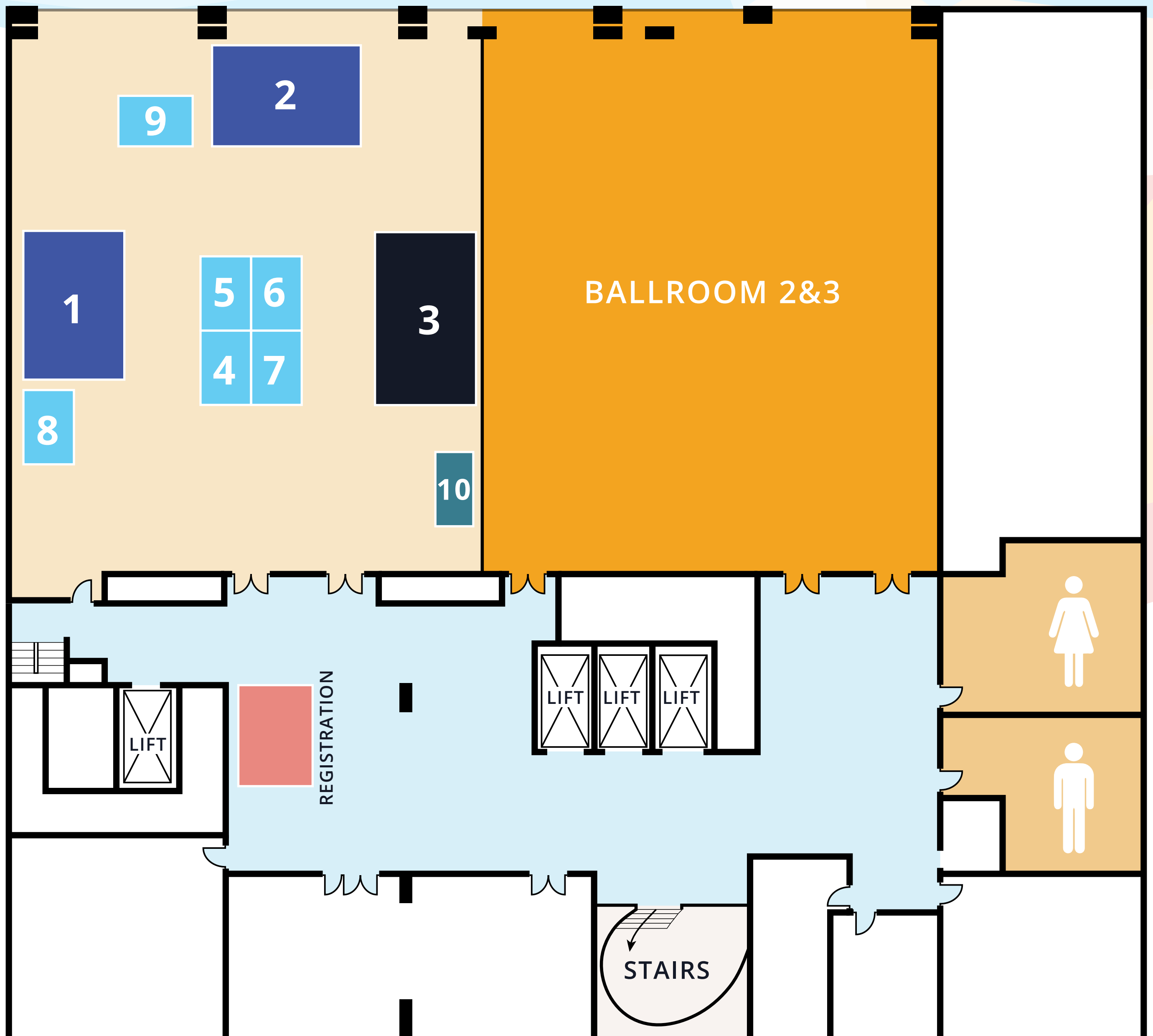
0700 - 0800	Conference Registration
0800 - 0805	Welcome - **Stephen Lyons**
0805 - 0945	**SESSION 1: GENDER EQUALITY** *Chairs: Stephen Lyons & Stephen Lane* — **BALLROOM 2&3**
0805 - 0835	KEYNOTE: "Gender equity – Has the battle just begun?" - **Claire Braund**
0835 - 0850	All things gender and ART - **Bronwyn Devine**
0850 - 0905	Maternity leave, hospital rosters, obstetrics & gynaecological surgery – Gender equality in training - **Kirsten Connan**
0905 - 0920	"Me too" – Bullying and harassment in the Hospital workplace - **Janine Loader**
0920 - 0935	Gender dysphoria - **Noel Friesen**
0935 - 0945	Panel Discussion
0945 - 1015	MORNING TEA & TRADE EXHIBITION
1015 - 1225	**SESSION 2: BAD DRUGS** *Chairs: Michael Aitken & Amani Harris* — **BALLROOM 2&3**
1015 - 1030	"Where's the party?" Illicit drugs for dummies - **David Caldicott**
1030 - 1045	Doctors and drugs of addiction - **Gavin Pattullo**
1045 - 1100	The Black Dog – Preventing doctor suicides - **Geoff Toogood**
1100 - 1115	The drug seeking patient - **Mark Ruff**
1115 - 1130	Good drugs that are bad for gynaecological training - **Stephen Robson**
1130 - 1145	Good drugs, bad hysterectomies?! - **Michael Wynn-Williams**
1145 - 1215	KEYNOTE: "Not tonight darling" – Managing idiopathic, iatrogenic and post-menopausal low libido - **Susan Davis**
1215 - 1225	Panel Discussion
1225 - 1325	LUNCH & TRADE EXHIBITION
1325 - 1520	**SESSION 3: WHEN POLITICS RUNS YOUR PRACTICE?** *Chairs: Stuart Salfinger & Rebecca Deans* — **BALLROOM 2&3**
1325 - 1355	KEYNOTE: O&G - A specialty in crisis - **David Molloy**
1355 - 1410	The surgical assistant, your new employee? - **Stephen Lane**
1410 - 1425	Clinical scope of practice – What hospitals want - **Janine Loader**
1425 - 1455	Labioplasty – Who gets the final say on what's normal "down there"? - **Stephen Lyons & Rebecca Deans**
1455 - 1510	"Are you a gold, silver or bronze member?" - When private health insurance companies call doctors "greedy" - **Gino Pecoraro**
1510 - 1520	Panel Discussion
1520 - 1550	AFTERNOON TEA & TRADE EXHIBITION
1550 - 1730	**SESSION 4: BAD SEX** *Chairs: Rachel Green & Simon Edmonds* — **BALLROOM 2&3**
1550 - 1605	What's "good sex" and what makes it "bad"? - **Sarah Martin**
1605 - 1620	Painful sex – When surgery is not the answer - **Sherin Jarvis**
1620 - 1635	The elephant in the room – Strategies to assist patients with a history of sexual assault - **Lisa Grant**
1635 - 1650	"It takes two to tango" – Managment of male sexual dysfunction - **Christopher McMahon**
1650 - 1705	Sex after surgery - **Stuart Salfinger**
1705 - 1720	Social media and premature sexualisation of our young people - **Emma Readman**
1720 - 1730	Panel Discussion
1730	Close of Day One
1910 - 2300	**FOCUS MEETING PARTY WITH MUSIC & DANCING**

SATURDAY 3RD NOVEMBER 2018

Time	Program
0800 - 0815	Conference Registration
0815 -0955	**SESSION 5: DRUGS – HOT TOPICS** *Chairs: Krish Karthigasu & Kirsten Connan* BALLROOM 2&3
0815 - 0830	Pain management in the era of the opioid epidemic - **Gavin Pattullo**
0830 - 0845	Visanne…the holy grail? Management of Endometriosis Update - **Simon Edmonds**
0845 - 0900	Chronic pelvic pain – Non-surgical management - **Jason Chow**
0900 - 0915	Modern anticoagulants – The opening of the flood gates? - **Philip Choi**
0915 - 0930	"Let's talk about sex" – The era of STI antibiotic resistance - **Sarah Martin**
0930 - 0945	Doctors, midwives and the "good childbirth" pain myth - **Jim Newcombe**
0945 - 0955	Panel Discussion
0955 - 1025	MORNING TEA & TRADE EXHIBITION
1025- 1155	**SESSION 6: POLITICS – THE FUTURE** *Chairs: Catarina Ang & Mark Ruff* BALLROOM 2&3
1025 - 1040	Preventing the fall into the abyss of managed care - **Michael Gannon**
1040 - 1055	MBS billing - Avoiding the *Professional Services Review* - **Julie Quinlivan**
1055 - 1110	New drugs and devices - Resisting the Siren's song - **Bassem Gerges**
1110 - 1125	"Don't stand so close to me": Medicolegal case reviews highlighting boundary issues in medicine - **Peter Henderson**
1125 - 1155	**INFORMATION AND DEMONSTRATION SESSION** Practice websites, Facebook, fake news, testimonials and Google advertising… Unethical, essential or both! - **Amani Harris, Angela Mason Lynch & Mark Ruff**
1155 - 1255	LUNCH
1255 - 1440	**SESSION 7: SEX, DRUGS & POLITICS HOT POT** *Chairs: Bassem Gerges & Stephen Lyons* BALLROOM 2&3
1255 - 1310	When "good doctors" charge bad out-of-pocket fees - **Gino Pecoraro**
1310 - 1325	Abortion Advocacy – Are we winning? - **Michelle Thompson**
1325 - 1340	Endometriosis – We need a [National Action] plan! - **Jason Abbott**
1340 - 1355	Pubic hair…"too much or too little?" - **Rebecca Deans**
1355 - 1410	"Towards normal birth"? - **Elizabeth Gallagher**
1410 - 1440	Expert panel discussion: Sex, Drugs and Politics – Achieving common goals? *Chair: Claire Braund* **Panel: Jason Abbott, Michael Gannon, Stephen Lane, Janine Loader, David Molloy, Gino Pecoraro, Michelle Thompson & Julie Quinlivan**
1440 - 1445	Close of Conference - **Bassem Gerges**

Program is correct as of 02/10/18 & is subject to change without notice

FLOOR PLAN



1	Medtronic	6	Rural Lap (Aspen Medical)
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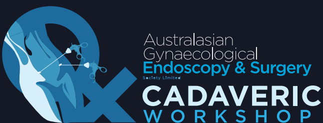
- Complimentary subscription to the Journal of Minimally Invasive Gynaecology (formerly AAGL Journal).
- Option to subscribe to the International Urogynaecology Journal instead of JMIG for an additional fee.
- AGES electronic-newsletter, eScope, published four times annually.
- Eligibility to register for the "Who do you want to be when you grow up" Seminars.
- Member access to AGES website and resources.
- Downloadable "AGES Member Icon" available for use in signature blocks and websites.
- Listing on the Membership Directory of the AGES website.
- Eligibility to apply for a position in the AGES Training Program in Gynaecological Endoscopy

https://ages.com.au/membership-application/

AGES Events 2018/19



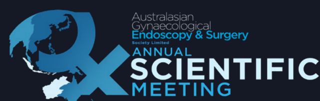
AGES Cadaveric Workshop
MERF QUT, Brisbane

Dissection Workshop:
1st December 2018 SOLD OUT
25th May 2019
30th November 2019

DECEMBER 1 | MAY 25 | NOVEMBER 30

Demonstration Workshop:
17th August 2019

AUGUST 17

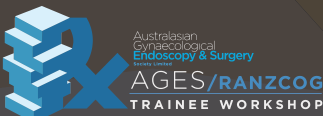


AGES XXIX Annual Scientific Meeting 2019
Crown, Perth
7th - 9th March 2019

MARCH 7 | MARCH 8 | MARCH 9

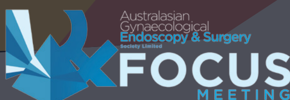
AGES "Who do you want to be when you grow up?" Seminars 2019
Dates and locations coming soon.

Please check the website for more information



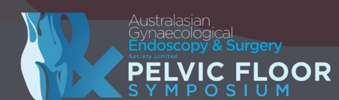
AGES/RANZCOG Trainee Workshop 2019
Brisbane
22nd & 23rd June 2019

JUNE 22 | JUNE 23



AGES Focus Meeting 2019
in conjunction with The World Endometriosis Society
Grand Hyatt, Melbourne
2nd & 3rd August 2019

AUGUST 2 | AUGUST 3



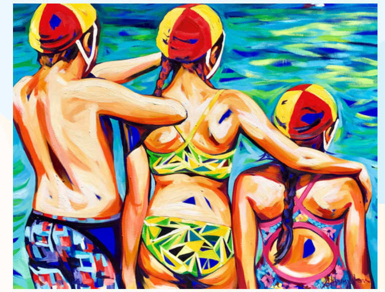
AGES Pelvic Floor Symposium 2019
Sheraton on the Park, Sydney
1st & 2nd November 2019

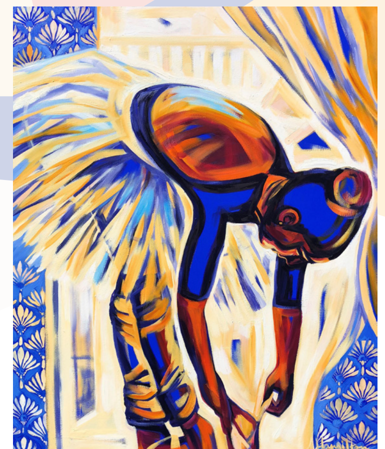
NOVEMBER 1 | NOVEMBER 2

https://ages.com.au/ages-events/

ART PRIZE - 2018/19

SHANNON HAMILTON





Shannon Hamilton creates appealing, familiar and exciting contemporary artwork which has found popularity throughout Australia and overseas.

Having loved art from a young age, Shannon developed her unique self-taught style during her career as an occupational therapist.

Giving occupational therapy away in 2000 to explore her own potential, Shannon has gone on to achieve outstanding success.

Shannon's paintings feature strong, bold strokes of colour, tastefully capturing the sensuality of the human form in the warmth of Australian sunlight. Having travelled the world, she also draws upon African and Asian cultures with a focus on warmth of human relationships, especially of mother and child.

Shannon's work, more recently, focuses largely on the warmth or human relationships, especially the bond between mother and child. She is becoming increasingly known for her soulful works depicting such universal human moments whilst remaining characteristically Australian.

Most of Shannon's works are now sold studio direct, with buyers enjoying the experience of directly connecting with the artist. Her artistic flair is also sought by those looking to find artwork to fit a particular space in homes, offices and newly developed buildings.

Shannon's works include use of chalk pastels, oils on canvas/ board and mixed media.

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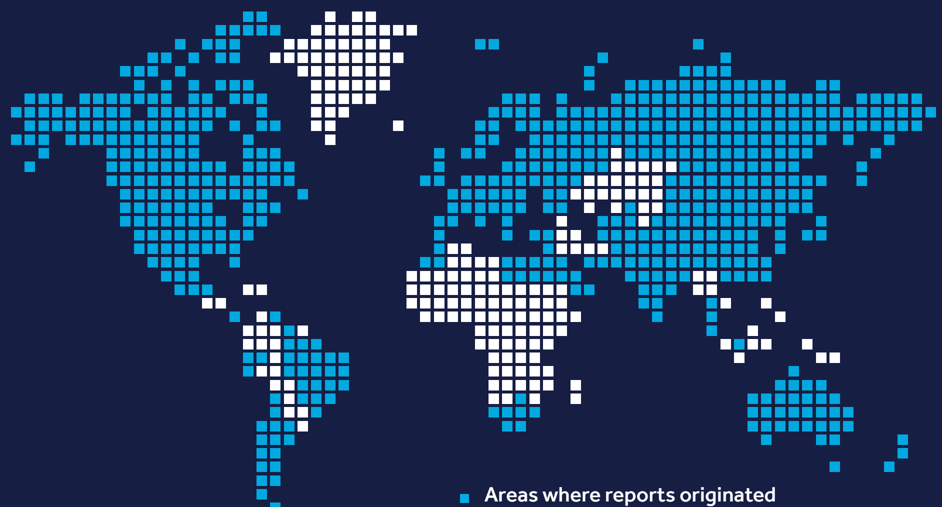

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1. Based on internal report #US161132(1). Sales data from FY01-FY17. July 2017.
2. Based on internal report #US170822, US170823, US170824, Global value dossier for LigaSure™ technology. Oct. 26, 2017.

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PROGRAM ABSTRACTS

FRIDAY 2ND NOVEMBER 2018

0805 – 0945 SESSION 1: GENDER EQUALITY

KEYNOTE: “Gender Equity – Has the Battle Just Begun?”

Claire Braund[1]

1. Women's Leadership Institute Australia

Abstract not yet received.

All Things Gender and ART

Bronwyn Devine[1]

1. Monash IVF

Abstract not yet received.

Maternity Leave, Hospital Rosters, Obstetrics & Gynaecological Surgery – Gender Equality in Training

Kirsten Connan[1]

1. Tasmanian Obstetric and Gynaecology Specialists

RANZCOG has historically had a predominately male membership, though significant feminisation has occurred over the last two decades. In 2018 women now make up 48% of RANZCOG specialists and 83% of RANZCOG trainees, making obstetrics and gynaecology today one of the most feminised specialties.

Despite an almost equal gender representation in the workforce, a 2017 survey reveals gender inequality does exist within RANZCOG. Institutional barriers to fractional training, extended leave, parental leave, and breastfeeding, gender barriers to obstetric and gynecological operative experience, gender bias with surgical skills attainment and retention, were amongst the survey responders’ concerns.

Gender equality within O&G in Australia and New Zealand is a complex and evolving issue, acknowledging that barriers and biases are experienced by both genders, and that equality is desired by most. Now is the time for RANZCOG and its members to address these challenges for the benefit of the specialty and Australian women’s health.

“Me too” – Bullying and Harassment in the Hospital Workplace

Janine Loader

Abstract not yet received.

Gender Dysphoria

Noel Friesen[1]

1. Sydney Children's Hospital

Abstract not yet received.

1015 – 1225 SESSION 2: BAD DRUGS

"Where's the Party?" Illicit Drugs for Dummies

David Caldicott

Abstract not yet received.

I Don't Like Drugs but Drugs Like Me - Doctors and Drugs of Addiction

Gavin Pattullo[1]

1. Acute Pain Service, Royal North Shore Hospital, NSW, Australia

Pethidine stands out way ahead of the other opioids for its addictiveness. This is largely a result of it being a structural analogue of cocaine. Despite it taking a large a toll on doctors and patients alike, we often see centres where there continues to be refusal to accept these concerns on the basis of flawed science, urban myths, or simply a passivity.

The Black Dog – Preventing Doctor Suicides

Geoff Toogood

Abstract not yet received.

The Drug Seeking Patient

Mark Ruff[1]

1. Mona Vale Hospital

Abstract not yet received.

Good Drugs that are Bad for Gynaecological Training

Stephen Robson

Abstract not yet received.

Good Drugs, Bad Hysterectomies?!

Michael Wynn-Williams[1]

1. Eve Health

On the cusp of entering the 3rd decade of the 21st century, AGES and RANZCOG should consider the ambition of achieving a rate 90% of benign hysterectomy performed through minimally invasive surgical techniques (Vaginal, Laparoscopic, Robotic). While hysterectomy rates are decreasing with time in Australia and New Zealand, aiming for this lofty achievement will improve health outcomes, and reduce costs to women and society as a whole. To reduce the rate of abdominal hysterectomy to 10%, safe surgical approaches to complex benign (large fibroids and severe endometriosis) hysterectomy need to be taken up by Gynaecological Surgeons.

The lateral approach to ligation of the uterine artery at its origin is relatively easy to learn with a structured teaching approach. The discussion will include the anatomy of the pelvic sidewall, and approaches to the uterine artery. Surgical videos of the approach with a fibroid uterus and severe endometriosis will be shown. Potential complications will be demonstrated.

Approaching the uterine artery at its origin has been shown to be an effective and safe method of achieving uterine haemostasis prior to hysterectomy. The uptake of this surgical method could help achieve a 90% minimally invasive hysterectomy rate of benign pathology in Australia and New Zealand.

"Not Tonight Darling" - Managing Idiopathic, Iatrogenic and Post-menopausal Low Libido

Susan Davis[1]

1. Monash University, Melbourne, VIC, Australia

It is common for women to "lose interest" in sex, with a diverse range of reasons for this. Therefore, it is important to include some simple questions about sexual wellbeing in standard consultations to offer women the opportunity to discuss any sexual concerns they may have. Sexual interest and arousal reflects the balance between excitatory and inhibitory factors; hence factors that suppress excitatory pathways or enhance inhibitory pathways in the brain will have negative consequences. Alternatively, these CNS pathways have become targets for the treatment of low sexual desire/arousal in women. Low sexual desire/arousal is only an issue if it causes women personal distress, usually described as hypoactive sexual desire disorder (HSDD). 1 in 3 Australian women at midlife (40-64 years) have low desire/arousal with distress(1). Women most likely to have HSDD are sexually inactive, partnered women (60%), whereas sexually active unpartnered women are least likely to have HSDD (20%). It is noteworthy that 14% of Australian women aged 65-79 years have HSDD(2). A complete guideline to the assessment of sexual problems and management, with a summary of the available hormonal and nonhormonal interventions has been published as a White Paper by the International Menopause Society 2018, and is available for free download from the journal website (3).

1325 – 1520 SESSION 3: WHEN POLITICS RUNS YOUR PRACTICE?

KEYNOTE: O&G - A Specialty in Crisis

David Molloy[1]

1. Queensland Fertility Group

Abstract not yet received.

The Surgical Assistant, Your New Employee?

Stephen Lane[1]

1. Adelaide Obstetrics

Abstract not yet received.

Clinical Scope of Practice – What Hospitals Want

Janine Loader

Abstract not yet received.

Labioplasty – Who Gets the Final Say on What's Normal "Down There"?

Stephen Lyons[1] **& Rebecca Deans**

1. North Shore Obstetrics & Gynaecology

Abstract not yet received.

"Are you a Gold, Silver or Bronze Member?" - When Private Health Insurance Companies Call Doctors "Greedy"

Gino Pecoraro[1]

1. Dr Gino Pecoraro Pty Ltd, Brisbane, QLD, Australia

Abstract not yet received.

1550 – 1730 SESSION 4: BAD SEX

What's "Good Sex" and What Makes it "Bad"?

Sarah Martin

Abstract not yet received.

Painful Sex – When Surgery is Not the Answer

Sherin Jarvis[1]

1. WHRIA

Sherin's presentation will address physical contributions to dyspareunia when laparoscopy is not the answer.

Physical factors to consider include: vulval skin irritation, long term hypo-oestrogenisation of the tissues, pelvic floor muscle over activity, pelvic girdle and lumbo-sacral dysfunction, external pelvic muscle tightness, peripheral neuropathy/sensitisation, central sensitisation, and the brain and pain and anticipation of pain. Appropriate interventions will be addressed..

The Elephant in the Room – Strategies to Assist Patients with a History of Sexual Assault

Lisa Grant

The effects of sexual abuse or sexual assault trauma on life experience are well documented, as is the knowledge that effects of trauma manifest differently for different people. When a person has been sexually abused or assaulted, the residual memory of trauma is likely to have a significant effect on that person's quality of life, and in particular their sexual and interpersonal interactions. They are likely to experience post-assault/abuse discomfort, tense pelvic floor muscle and pain from penetration attempts, and feel discouraged to continue. They may find that even with interest in being sexual with a partner, the ever-present pain and discomfort prevents this from occurring. Similarly, their ability to develop self-soothing skills and to enjoy positive experiences with touch and empathy is also likely to be impaired or blocked.

This presentation will review how non-childhood sexual assault and childhood sexual abuse impact on the individual's sense of their sexual self, their sensory responses and innate ability to feel safe and in control. It will explore how survivors of sexual assault and abuse may move from trauma to beginning to develop or rediscover their sexual self, and - however tentatively - explore and contemplate the enjoyment of positive sexual experiences. Sex therapy and counselling to address the trauma effects will be discussed as a way for the person harmed by sexual assault, abuse and pain to reclaim their sense of safety, security and control, and to hel*p them in the development and discovery of their sexual self.*

"It Takes Two to Tango" – Management of Male Sexual Dysfunction

Chris McMahon[1]

1. Australian Centre for Sexual Health, St Leonards Sydney

Sexual dysfunction is a common complaint of Australian men and may be associated with a reduced quality of life. Dysfunctions may include erectile and ejaculatory dysfunction, hypoactive sexual desire and penile deformity due to Peyronie's disease. Australian epidemiological studies suggest that approximately 38% of men report some degree of erectile dysfunction. The aetiology of ED includes psychogenic, vasculogenic, endocrine or following major pelvic cancer treatment. Psychogenic ED is more common in young men and is usually due to high levels of sexual performance anxiety. Vasculogenic ED is due to atherosclerosis the penile arteries related to generalized endothelial dysfunction and is associated with diabetes mellitus, hypertension, hyperlipidaemia and cigarette smoking.

The spectrum of ejaculatory dysfunction extends from premature ejaculation through delayed ejaculation to complete ejaculatory failure. Premature ejaculation is classified as lifelong or acquired. Men with lifelong PE may have a genetic predisposition to rapid ejaculation. Acquired PE is associated with performance anxiety and erectile dysfunction.

Hypoactive sexual desire may be associated with a dysfunctional relationship, chronic depression, testosterone deficiency or comorbid sexual dysfunction. Testosterone production declines by 1-2% per year from the age of 60. Approximately 30% of men in their seventh decade will have late onset testosterone deficiency.

Peyronie's disease is due to penile trauma during sexual activity. Men with Peyronie's disease describe initial penile arousal pain, penile curvature or loss of length which may be sufficient to prevent penetration and erectile dysfunction.

Most men with sexual dysfunction can be successfully managed with condition specific pharmacotherapy. A small percentage of men with ED unresponsive or refractory to pharmacotherapy may require surgery.

Sex after Surgery

Stuart Salfinger[1]

1. St. John of God Hospital, Perth

Abstract not yet received.

Social Media and Premature Sexualisation of our Young People

Emma Readman[1]

1. Mercy Hospital for Women, Clifton Hill, VIC, Australia

Abstract not yet received.

SATURDAY 3RD NOVEMBER 2018

0815 – 0955 SESSION 5: DRUGS – HOT TOPICS

Modern Management of Postoperative Pain

Gavin Pattullo[1]

1. Acute Pain Service, Royal North Shore Hospital, NSW, Australia

The USA has the highest consumption of prescription opioids per head of population but this has not resulted in their having demonstrably better outcomes for their patient's pain. On the contrary their outcomes are far worse, when measured as deaths or ongoing need for opioids. This presentation will look at some of the simple ways we here in Australia have avoided, and can continue to avoid, our heading down a similar path as the USA.

Visanne...the Holy Grail? Management of Endometriosis Update

Simon Edmonds[1]

1. Ascot Central Womens Clinic, Auckland, New Zealand

Abstract not yet received.

Chronic Pelvic Pain - Non Surgical Management

Jason Chow[1]

1. Operative Gynaecologist and Pain Physician , Sydney

To the surgeon, patients with chronic pelvic pain are often considered heartsink patients. Management is challenging because patient issues are complex and surgeons are taught pain management in a Cartesian model at the under- and postgraduate level. Pain management needs be mechanism based, interdisciplinary and personalised. This brief presentation will challenge the gynaecologist's approach to pain management including when to focus on the peripheral triggers or the central mechanisms for pain, harnessing placebo and the principles behind pharmacotherapy.

Modern Anticoagulants - The Opening of the Flood Gates?

Philip Choi[1]

1. The Canberra Hospital, Garran, ACT, Australia

The last few years has seen a rapid expansion of anticoagulants available in Australia. Warfarin is no longer the first choice anticoagulant under most clinical scenarios. The limitations of therapeutic drug monitoring and the role of potential reversal agents will also be explored in this presentation.

"Let's Talk about Sex" – The Era of STI Antibiotic Resistance

Sarah Martin

Abstract not yet received.

Doctors, Midwives and the 'Good Childbirth' Pain Myth

Jim Newcombe

Uncontrolled pain in labour is harmful to women, physically and psychologically. In Australia, one quarter of women delivering vaginally (without instrumentation) receive no intrapartum analgesia. Women from lower socioeconomic backgrounds and who identify as ATSI are less likely to receive analgesia in labour. To normalise uncontrolled pain in labour is to normalise birth trauma.

1025 – 1155 SESSION 6: POLITICS – THE FUTURE

Preventing the Fall into the Abyss of Managed Care

Michael Gannon[1]

1. St John of God Clinic, Subiaco, WA, Australia

Abstract not yet received.

MBS Billing: Avoiding the *Professional Services Review*

Julie Quinlivan[1]

1. Centenary Hospital for Women, Canberra, Yarralumla, ACT, Australia

The Professional Services review is responsible for compliance of Australia's $24 billion MBS and PBS schemes. This presentation discusses how practitioners might come to the attention of compliance staff and the legal process of a review. The talk will outline strategies to avoid inappropriate practice and provide some case examples for discussion.

New Drugs and Devices - Resisting the Siren's Song

Bassem Gerges

Abstract not yet received.

"Don't Stand so Close to Me": Medicolegal Case Reviews Highlighting Boundary Issues in Medicine

Peter Henderson[1]

1. AVANT MUTUAL, Brisbane, QLD, Australia

Boundary issues are increasing as a proportion of claims at Avant.

They fall into three broad groups-

Blurring of the professional and social/business relationships
Allegations of inappropriate physical examination and/or sexual assault
Consensual sexual relations with a patient

These will be discussed based on my experience at Avant together with strategies to minimise risk.

INFORMATION AND DEMONSTRATION SESSION

Amani Harris1, Angela Mason Lynch & Mark Ruff[2]

1. Monash
2. Mona Vale Hospital

Practice websites, Facebook, fake news, testimonials and Google advertising... Unethical, essential or both!

1255 – 1440 SESSION 7: SEX, DRUGS & POLITICS HOT POT

When "Good Doctors" Charge Bad Out-of-pocket Fees

Gino Pecoraro[1]

1. Dr Gino Pecoraro Pty Ltd, Brisbane, QLD, Australia

Abstract not yet received.

Abortion Advocacy - Are we Winning?

Michelle Thompson[1]

1. Marie Stopes Australia, Melbourne, VIC, Australia

The past year has seen some of the most momentous ups and downs when it comes to abortion advocacy and reform. One of the most religiously conservative nations in the world, Ireland, has voted to decriminalise and fully fund abortion care. Yet across the Atlantic in America, the threat to repeal Roe vs Wade seems like an increasing possibility.

In Australia, abortion is still classified in the criminal code in three states, and lack of public funding and support coupled with existing stigma means women still struggle to access what is an important and common medical procedure.

Michelle Thompson, CEO of Marie Stopes Australia looks at the vexed and seemingly complex question of whether we are winning when it comes to abortion advocacy.

Endometriosis – We Need a [National Action] Plan!

Jason Abbott[1]

1. Alana Healthcare for Women, RANDWICK, NSW, Australia

Abstract not yet received.

Pubic Hair…"Too Much or Too Little?"

Rebecca Deans[1]

1. Genea Fertility Specialists, Woollahra, New South Wales

Pubic hair removal is an increasingly common practice among young adults in the developing world. Contemporaneously, publicly funded labiaplasties in Australia have more than doubled over the past 10 years. Several studies have suggested that the primary reason is dissatisfaction with labial appearance, non-sexual and sexual dysfunction. These factors may relate to the increasing trend to remove pubic hair. Pubic hair removal renders the labia more visible and may promote dissatisfaction with labial appearance. In addition, micro-trauma to the skin can directly irritate the genitals. An appreciation of the specific practices of pubic hair removal may be useful in understanding the reasons for requests for labiaplasty, and expand education interventions to women, their partners and health care professionals.

"Towards Normal Birth"?

Elizabeth Gallagher[1]

1. Women's Health on Strickland, Deakin, ACT, Australia

Abstract not yet received.

Expert Panel Discussion: Sex, Drugs and Politics – Achieving Common Goals?

Chair: Claire Braund

Panel: Jason Abbott, Michael Gannon, Stephen Lane, Janine Loader, Gino Pecoraro, Michelle Thompson & Julie Quinlivan

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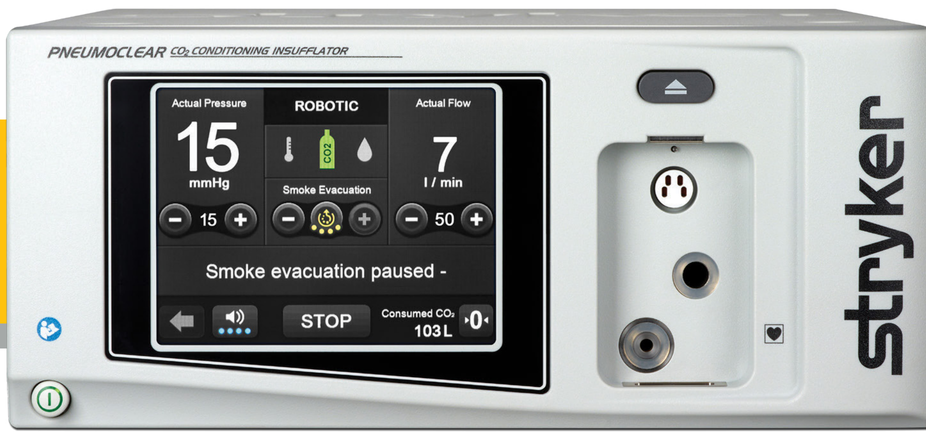

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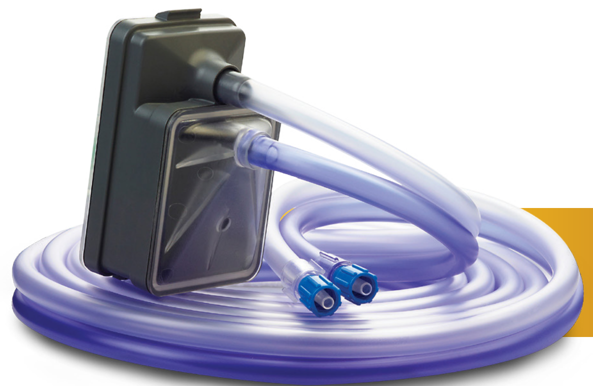

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