



Presidents Report (VIC) Dr Jack Green

I am writing this report after a strange Jewish holiday season. Rosh Hashonah, Yom Kippur and Succot were celebrated without shule, without large family meals.

The numbers of COVID new cases has been dropping significantly in Victoria after a long and difficult lock down. As I write this report, further easing of restrictions by the Andrews government has

continued. The hated curfew has already been gone for weeks but gatherings are still severely restricted. Outside minyanim are now a possibility. One restriction that has become more stringent is the wearing of masks. But this makes sense as our society is allowed to open up again and people will increasingly interact with each other socially and in the work place.

In Melbourne, in our Jewish community and in our Jewish medical community, we are all over the lockdown.

We are all tired, stressed and frustrated.

But the beginning of the easing of restrictions has given us minor relief with hope for the near future for a return to a more normal lifestyle. We have seen a spectrum of engagement with our second wave of COVID, which has unfortunately affected our own geriatric community this time, with the sad loss of two lives. Several AJMF members are ID or ED physicians and of course many of our GPs have been heavily involved as frontline workers. Some medical practitioners have stopped working, left Victoria and moved up north for a period of time.

In my own area of dermatology, there has also been many variations. Some of my colleagues have ceased practice for a period of time, others have exclusively practiced tele-dermatology but more commonly there have been mixed practices. I personally find tele-dermatology difficult and only applicable in selected situations. I found myself still seeing many patients face to face but with a case mix of much more acute problems.

As it was, I happened to become the most at risk dermatologist in the country given my practice in Werribee was in the heart of the most significant hot spot early in our second wave. Several of my patients developed COVID19, as did several members of the families of my staff. The husband of a long-term patient of mine succumbed to the disease; conversation with her reiterated to me that there are real stories and real people behind the statistics we see reported each day.

Fortunately, none of us practicing with appropriate PPE and cleaning protocols have contracted this virus; but as you all know, it is exhausting getting through the day wearing a mask and other extra layers of protection.

Despite how hard it has been, we should be grateful that we're not in the situation occurring in the USA, Europe or, unfortunately, Israel. There are many complex reasons for the worsening of the situation in our Jewish Homeland and we pray that this situation improves as quickly as possible.

“ *A strange Jewish holiday season, Rosh Hashanah, Yom Kippur and Succot were celebrated without Shule, without large family meals.* ”

Activity on the Jewish Doctors of Melbourne online chat group initially increased in the context of the Victorian second wave and the severe lockdowns that ensued with a wide range of views expressed about how our State government has handled the pandemic. More recently messaging on the online group has almost come to a halt, probably from “COVID fatigue”. However, given its success, I felt that a group that would really benefit from such a forum, that have been restricted more than our profession, are the dentists. I encouraged my

friend, periodontist, Danny Goldman and also Daniel Felman, President of their association, to start their own online chat group. It has been popular. We have also discussed how our societies may be able to coordinate future activities.

Let us not forget that one can always look for and find the positives in any situation. For ourselves and our families it has been difficult but there has also been a rekindling of family time, relationships, free time to develop hobbies or read those books that have been ignored and the learning of new skills. I've learned how to cut hair, dye hair, manage my garden, make minor repairs at home and improved my cooking skills. My daughter is in year 12, so she has been busy with her studies (until recently at home, online) but I've certainly enjoyed spending more time with my son with shared activities.

Since our last newsletter, we have had a couple of Zoom events with a history theme. In July historian David Solomon talked about the significant contributions of Jewish medical practitioners through the centuries (particularly the 16th). In September Professor Mark Spigelman, a surgeon and anthropologist, shared his interesting work researching mummies and incredibly analyzing the DNA of organisms infecting them.

In other important news, an Israeli court has decided that Malka Leifer can be extradited to Australia – long overdue.

Hopefully, by the time of the next newsletter, we will all be back working as near normal as “COVID normal” allows and a vaccine will be around the corner.

Wishing you all the best.

Dr Yigal Reuben, Medical Escort to the Israeli President



Review of troops

I was contacted on Saturday night, the 8th of February 2020, by an emergency medical specialist colleague who had heard that the Israeli President's team was looking for a medical escort while he was visiting Australia, as his usual physician was unable to travel with him. Of course, I jumped at the opportunity, but was also slightly nervous as I had no idea what I was signing up for. I was put in contact with members of the President's team; his Senior Advisor, his Senior Coordinator of Policy and International Affairs as well as his medical specialist. The job description was that I would be accompanying the President's entourage throughout their stay in Australia, to provide expert emergency care if needed, and to help supply local medical logistics. The President would also be travelling with his specialist and a paramedic. I must admit, it baffled me as to why I was necessary, but I wasn't about to ask too many questions.

The next requirement was to supply proof of my identity. A request was made for my passport - to be sent via WhatsApp. My mind travelled back to the stories of Australian passports being used by the Mossad for clandestine operations abroad, and I was starting to wonder if perhaps this was some sort of identity scam. Within the timeframe given, the best I could do was verify my messenger's authenticity via some Google research, and so after discussing my concerns with my wife, I sent off the required documentation.

For those of you who don't know me, I'm an emergency medicine physician at Royal Melbourne, Cabrini and Frankston

Hospitals. I contacted my directors to ask for time off, and also to let them know that it was possible I might be calling them directly if a situation required me to come in an emergency, to which they were both amused and happy to provide. I also made contact with someone in Sydney who would be able to assist with logistics for other legs of the visit.

As an emergency physician, I am quite used to being in control of my surroundings, knowing my team, my equipment and the resources I can call on. I did not feel that I had any of this.

I enquired about what equipment would be available. The reply was "don't worry, we are bringing the everything". How can I question that? What even is "the everything"? As to the team, I was reassured an army paramedic with years of training would be there first.

To me, that is still quite different to another emergency physician and an experienced emergency nurse. Working in emergency medicine gives you a sense that you are capable of handling whatever unknowns are thrown at you and the confidence that you will come through on the other side. This however was something I had never done before and I was outside of my usual hospital-based comfort zones - the fellow doctors and nurses that I have come to rely on and equipment that I am familiar with. But again, I decided that despite my reservations, it was too good an opportunity to miss out on, and part of our skill set is being adaptable and being able to improvise, I only hoped that I wouldn't need to.

On Monday February 24th, I commenced my medical escort duties. I was dropped off by Uber at the first checkpoint area at Mt Scopus College. I was stunned by the amount of security that was present; the President's personal security in suits, uniformed foot police patrolling the area, police vehicles and a helicopter hovering overhead. I was introduced to members of the Israeli embassy and educated on the correct way to address dignitaries by members of protocol office. Initially, I was to refer to him as Your Excellency Mr President Rivlin and from then on, I could just refer to him as Your Excellency or President Rivlin. I was advised which vehicle in the motorcade I would be travelling in and that when the time came for the entourage to depart, I should make sure that I'm in the car, as they move quickly and there was a high chance I would be left behind.

When the President arrived, he was greeted like a rock-star with thousands of school children cheering and waving flags. He stopped for photos and gave high fives to the students before entering the auditorium to meet the school principals and then address students from the Jewish day schools. The crowd went wild when he stepped up onto the stage. There was chanting and clapping and singing. It was easy to be swept up in the excitement and enthusiasm of the event.

At the end, I quickly made my way to the designated vehicle. I have never been in a motorcade. But wow, what a way to travel. All the roads from Burwood Highway down to Warrigal Road and the South Eastern Freeway were completely closed off by a rolling motorcycle escort which

would block off the side streets ahead of us and then as we drove past, they would race ahead to block off the next set of streets. No stopping at traffic lights, no other vehicles on the road, travelling about 80-90km/hr and then onto the freeway without a single stop. It was quite a thrill just being there.

Upon our arrival at Government House, we were ushered into the area where the Victorian Governor, Premier and other dignitaries were to meet the President, prior to a meeting with the Australia/Israel Chamber of Commerce. I was delighted to see I actually had a named reserved seat. More speeches, food, speeches and more food. Then time for the President to have a rest for a few hours. Other members of his entourage made their way into the city to see the sites, but I needed to stay nearby. The Israeli Ambassador accompanied me on a walk through the magnificent gardens at Government House, and quizzed me on my knowledge and thoughts regarding the coronavirus, which was really in the early stages of the unknown back then. I have to admit, I didn't have much to say other than it looked like it was going to be worse than the previous avian and swine

The taxi from Canberra airport dropped me off at the tourist desk, but I was redirected to a different location and someone from Protocol was called to sign me in and provide me with an escorted Visitor Pass. Walking through the entrances felt like the introduction of the tv show Get Smart...lots of card swiping, opening and closing doors, then more swiping and more doors. "Anything I should know about protocol?" I enquired as we walked at breakneck pace. "Just common sense.... But no photos!!!" came the reply.

We caught up with the entourage, and I was surprised to find myself outside the Prime Minister's Office, before being directed towards the VIP entrance. The waiting motorcade was parked in the U-shaped driveway next to the Prime Minister's car spot. I took my seat in the designated car and with our police escort, we headed off to the official residence of the Governor General of Australia, Yarralumla.

This was like a school assembly, only different - Army, Airforce, and Navy, all lined up. It was a warm summer day. The Army band played Advance Australia Fair and Hatikvah. I have to admit I did get a

do was take a selfie with him in the back ground. I was asked to take a photo of him with someone else, but did not have the courage to ask for my own photo. It's a moment I still regret, but I do have a selfie with him in the background to prove I really was there!

While the VIPs had lunch in the formal dining room, I joined other members of the entourage in another rather lovely room, overlooking the huge manicured gardens. I tried having a "what is it that you do?" type conversation with some Australian Federal Police Officers, which revealed very little other than "provide protection", so thought it best to leave it at that.

In the afternoon there was a tour at the Australian War Memorial. This was to be my last activity as medical escort. The President laid a wreath at the Tomb of the Unknown Soldier and a minute silence was observed. He was then taken on a tour of the Shrine before signing the guest book and leaving. I was surprised to be thanked by members of his team for my presence, as I wasn't sure they even noticed I was there! I watched the motorcade depart for the airport and



Selfie with PM

flus that we had experienced. There had been an update from the Ministry of Health regarding the threat of COVID-19, but had no real idea that there was a simmering low level panic about coronavirus starting to set in.

In the evening, the same rolling police motorcade escorted us from Government House to the Tennis Centre for a UIA function. The event went off without a hitch (I did manage to wave to my wife and mother sitting in the stands from my seat in the VIP area). I was advised that I would not need to accompany the President back to Sydney that night and could rejoin the group at Parliament House the following day.

little emotional at this point. The President walked up and down all the rows to inspect the troops. This really did take a long time. As his emergency physician I had some concerns about the length of time he was out in the sun and was glad when the inspection finished and everyone moved inside.

Unfortunately, I wasn't invited to the lunch with ScoMo, but I did attend the preceding cocktail party. There were many people from business and politics present and Scott Morrison was in the middle. He was taller than I had expected but seemed quite relaxed. I wanted to get a photo, but didn't want to breach protocol and look like an idiot. The best I could

that was it. I walked around the museum a little more myself, before catching my flight back home.

Looking back, that was on February 26th. Since then, the world has changed with coronavirus becoming the centre of many peoples' world. When I think back to earlier this year, I still think of the amazing opportunity I was given and makes me proud to be a Jewish Australian doctor.

Israeli Fellowship at RVEEH & Alfred Hospital

Dr Elad Ben Artsi received support from the VIC branch of AJMF

Dear Jewish Australian colleagues,

I wish to start by thanking AJMF for their generous scholarship. My name is Elad Ben Artsi, an ophthalmologist from Tel-Aviv, currently working as a senior registrar and as an oculoplastic surgeon in the Alfred hospital, Melbourne.

My wife Or, our 3 year old daughter Ella and myself, moved here 18 months ago to do my third and final year of an oculoplastic fellowship at the Royal Victorian Eye and Ear Hospital, thereby enabling me to complete my sub-specialty advanced training. My second oculoplastic fellowship was done at Queen Victoria Hospital in the UK and the first one at Sheba Medical Centre, Israel, where I completed my entire ophthalmology training in 2016.

I first fell for Australia back in 2017, when I came to visit in search of a future fellowship. I remember coming back to Israel, deeply moved by this short three-week visit, and giving my family and friends two main reasons for why I would definitely come back here (let alone the world class clinical and surgical expertise I witnessed). The first reason was the *No worries mate* phrase I kept hearing everywhere - that to me, was more than a nicely chosen linguistic string, rather it represented a state of mind totally different to what I was used to. The second reason was the world's best coffee - which I am sure I need not explain.

Returning to Melbourne in 2019, only reinforced my earlier intuition, and more. I wouldn't bother you kind readers with lengthy vocational stories, but in summary I can say that I had the most professionally developing experience, in the most empowering and collegial atmosphere one can wish for during a fellowship. We had spectacular trips in this beautiful country and indeed the coffee remained the best in the world. However, I will elaborate on my experience with what I felt to be the state of mind behind this common local phrase *no worries mate*. This state of mind, among other factors, is what led my family towards the decision to stay here for another year and to absorb more of the Aussie language, culture and values, which we've learned to greatly appreciate.

Analysing this phrase in the eye of the foreigner beholder, could be divided, like everything in the Israeli army, into 3 components: No worries, Mate and the space between them.

No Worries exist everywhere. I do not believe in comparing worries of one nation to another, the same as it is never wise to compare one's own worries to those of another. Worries are like smoke in an empty room - no matter how big the room is or what is its shape (and may it be my room or your room, Israel, Australia or any other room) - the smoke will eventually fill the entire space and cannot be ignored. What does differ between individuals and nations is how worries are addressed and problems solved. One could always argue whether a solution was optimal, sub-optimal or even a bad one, but this is entirely not the point. The "no worries" state of mind I found here is the ability to put worries in their right perspective, without unnecessary stress and dramas and thus creating a relatively peaceful gap between the worried and the worry, enabling the generation of a sound solution. Examples of this are numerous, starting from macro level challenges such as last year's bushfires and this year's pandemic, and ending at micro level issues like intra-operative management of complications or roster problems in public hospitals.

Mate (and mateship). This is an Aussie cultural idiom for a good reason. According to Wikipedia "In Australia a mate is more than just a friend, and is a term that implies a sense of shared experience, mutual respect and unconditional assistance". This definition accurately describes what I have been feeling and still feel here in my relationships with friends, colleagues and the Jewish community. Whether it was my local retailer or my boss and all the levels between them, the communications were always respectful and dignified, especially in times of disagreements. I am still amazed by the spirit of unconditional assistance I get here from my peers, and that not even once did I need to prove myself worthy of receiving credit before actually getting it, which is entirely different to what you'll find in so many other societies.



To me it feels that here you'll get all the credit you need until you have proven yourself to be unworthy of it. A deeper kind of mateship is the one my family received from the small Jewish community of East Melbourne/the city (where we live) and especially from Rabbi Dovid Gutnick and his wife Rachel who embraced us from the very beginning and were always happy giving both spiritual and earthly advice.

While maintaining either the stoic state of mind of "no worries", or the mateship spirit among mates are not always easy tasks on their own, combining them in times of need is even more challenging. It often seems reasonable to people (maybe more so in stressed out societies) that it is ok to put aside the human factor in times of crisis and to focus solely and to prioritize only the very goal of solving the problem. It was here that for the first time in my no so short life, did I come to fully realize that the interaction between mates is no less important than solving the actual difficulty at stake, and that solidarity could genuinely promote better solutions and improve compliance.

We came here 18 months ago to complete my sub-specialty training. I am certain that we have gained much more than this in the past year and a half. I know that Australia, like any other country, has got its own struggles and imperfections. Yet, the basic trust among individuals and the "Ahavat chinam" (unconditional love) I keep on seeing here are surely things to write home about. My family and I are grateful for the opportunity we got to absorb these local norms and to incorporate them into our personalities. We will do our best to cherish them and to spread the word when we eventually get back to Israel, that while being the home for our "Am segulah" (treasured nation), certainly needs gentle reminders from time to time on the commandment "Ve'ahavta lereacha kamocho" (love thy neighbour as thyself) or on the "No worries mate" idiom - that to me is simply the modern Australian way of saying the same thing.



Many thanks and keep enjoying the coffee



Dr Elad Ben Artsi

What About Us..in the COVID-19 Era?

Dr Leon Piterman AM



Who are us?

As a 70-year-old in the high-risk category for contracting COVID-19, I have taken essential steps to minimise my risk, knowing full well that should I succumb in an environment with limited resources I will be classified as dispensable. So might many in my age group and older. But even if I am fortunate to receive the best of care, which is quite likely in Australia at present, my chance of dying is somewhere around 5% to 10%.

I have stopped face-to-face consulting, instead engaging in professionally unsatisfying telehealth consults conducted from the safety of our beach house 300km from Melbourne. I consider myself fortunate. But then again, I have worked long and hard to achieve these gains.

As I watch the news, I am horrified to see what is happening to older citizens like me around the world dying alone and without dignity in aged-care facilities, or alone in their own home, or if they are lucky and make it to hospital, die soon after admission.

COVID-19 has been called the "boomer remover". Watching the behaviour of younger people at this spacious seaside retreat, I can understand why this term has been coined and directed to those in my generation, who are perceived to be the lucky ones that had it all.

As I go for my morning walk, conscious of safe distancing, joggers covered in sweat and breathing heavily, run past me without any consideration or thought that they may put me and others at risk. Some stand on the walking path holding a conversation without any thought of moving to allow me through.

When I mustered the courage to confront one of them the other day I was informed that: "It's all a load of" Who are these people and who are those who gathered on beaches, conducted parties and flouted stay-at-home laws?

I venture to say most are much younger than me, they are the millennials and generations X, Y or Z. I am sure they do not want their grandmother or grandfather to perish, but unconsciously they may feel that us oldies who have had it so good, owning our home, maybe also a holiday house and superannuation should be prepared to share these gains, and that finally nature has found a way of dispensing justice.

Some, no doubt, go further and see COVID-19 as nature's revenge for the baby-boomers' neglect of our climate. They are angry and their hostility is driven by a sense of entitlement, a sense of injustice coupled with risk aversion that is beautifully expressed in the chorus of the song "What about me?"

*“What about me?
It isn't fair, I've had
enough and now
I want my share,
Can't you see.
I want to live, but
you take more than
you give.”*

Having focused on "us" the baby-boomers, I now want to examine the term "us" as it refers to the broader Australian community, our response to COVID-19 and our journey through this life-changing pandemic.

Them and not us

We first heard of COVID-19 in late December or early January. It was confined to Wuhan in Hubei Province in China and we were informed of the lockdown procedures that were taking place to prevent

the spread. We also watched with some concern about the daily death toll, but this was affecting them and not us. Previous epidemics, SARS, H1N1, MERS, had also originated in China and had been contained, so why worry?

Definitely us

As the numbers of new cases began to grow, mainly from returning residents from US and elsewhere in February and early March, it appeared we might have a pandemic on our hands and the governments, state and federal swung into action with social-distancing guidelines, hand-washing recommendations, banning of major events, and finally self-isolation and lockdown by the second half of March.

We made rapid adjustments to our way of life and our work patterns, including telehealth consultations. We prepared for a major influx of infected patients by creating 4500 ICU beds nationally and making 7500 ventilators available, as well as ordering large quantities of PPE.

Not just us

We watch the spread of the virus throughout Europe, the UK and USA with devastating outcomes. We watch the infection rates and death tolls skyrocket and we think to ourselves ...

Lucky us

When Donald Horne wrote "The Lucky Country" he did not conceive of COVID-19. But with our current infection and fatality rates, we have done remarkably well ... so far.

Where to from here for us?

We now enter the abyss. With raging unemployment, rising tensions about prolonged restrictions and the mental health and economic consequences, coupled with uncertainty about a second wave of infection, we now enter a difficult and delicate phase full of uncertainty. We have got this far because the collective need has superseded the individual want.

We can only move successfully through the next phase by maintaining a collective, cooperative and collaborative approach in which the needs of "us" override the wants of "me".

*Dr Leon Piterman is
Professor of General
Practice at Monash University.*

This story first appeared in The Medical Republic on 3/05/2020,
www.medicalrepublic.com/what-about-us-in-the-covid-19-era/28773

Unorthodox and Secret Women's Business Dr Aviva Nathan

The Netflix drama *Unorthodox* is a watchable production. It is based on the memoirs of Deborah Feldman (Esty in the production). A woman who grew up in the Satmar community of Williamsburg, New York but who eventually left, with her young son, to start a new life. She now lives in Berlin. Although some of the details have been changed for purposes of creating the online drama this is a minor issue and the themes and story are essentially the same. It is an interesting and gripping drama that grows in intensity during the series. There is excellent acting and I understand that it is said to be accurate regarding reproducing their costumes, customs and lifestyle.

However apart from the entertainment value and the fascinating detail about the lives and social structure of these Hassidim, there is something very important that this drama does. After the main protagonist and her husband marry, they have difficulties consummating the marriage and Esty is increasingly distressed by attempts at "success". She has a female "counsellor" who has educated her about the appropriate customs and also the technical details regarding sexual relations. This "counsellor" is seen again and diagnoses Esty as having vaginismus. Finally, we have a mainstream drama, watched by a large audience in which this condition is brought to the fore.

Vaginismus is a condition caused by the involuntary spasm of pelvic floor muscles. This particularly occurs at the attempt or thought of having penetration. It may be an isolated diagnosis in its own right but can also occur as a secondary phenomenon to chronic pelvic pain which, itself can have a variety of causes. So its presentation can be a straightforward one but, in some individuals, it can be quite a complex pelvic floor dysfunction requiring complex, often multi-disciplinary management.

The main problem regarding this condition is the lack of awareness. Often women are not aware that it is treatable and that they could speak to their medical practitioner about it.

The issue is the lack of early recognition of this problem given the domino effect it can have. As an obstetrician and gynaecologist, who has treated a lot of patients in my career with pelvic pain, I have seen this condition present in a spectrum of severity from mild to severe. It may have taken consultations with several medical practitioners to make the diagnosis. It is not just younger women that may develop vaginismus as it can also develop later in life, even after menopause.

But once the diagnosis is made there are treatments available that can be very successful:

- Education regarding the condition and its triggers
- Relaxation techniques including whole body techniques
- Addressing other gynaecological conditions e.g. chronic thrush or lichen sclerosis
- Relationship counselling, treatment of associated anxiety, addressing any history of trauma, abuse or injury.
- Proper instructions regarding when to attempt penetration and
- Women's health / pelvic floor physiotherapy and appropriate use of dilators, lubricants and exercises as appropriate.
- In addition, there may be a place for medical therapies.

In the mini-series the "counsellor" comes to a quick and accurate diagnosis. But in reality, it is often missed for some time. The fact that there will be greater awareness of this not uncommon but frequently not talked about and hidden problem is a beneficial outcome from this entertaining new drama on Netflix.

Dr Aviva Nathan is an Obstetrician and Gynaecologist, consulting in Caulfield

Save a Child's Heart Paediatric Heart Surgery in Ethiopia

Dr Yayu Mekonnen received a student scholarship through AJMF (VIC) in 2015. He visited Australia earlier this year.

After 7 years of training in paediatric cardiac surgery in Australia and with Save a Child's Heart (SACH) in Israel, I've been back in Ethiopia since May 2019. Together with members of the Israeli trained cardiac surgery team, we have managed to do about 30 open heart surgeries on children who were desperately waiting for such care. This homecoming is a long-awaited goal for me as I always wanted to be back home and stand beside children with congenital heart disease.

The Israeli SACH team travelled to Ethiopia in November 2019 to work and train the team around me and while doing so we have performed 9 open heart surgeries and 22 catheterisations. There will be an ongoing mission to work



Dr Yayu (second from left) operating in Ethiopia with members of the Israeli surgical team

together in Ethiopia in the future and also send some of the more complex cases from Ethiopia to Israel to have their surgery in a better set up.

In order to expand the program in Ethiopia, SACH is training two more doctors (a cardiac surgeon and cardiac anaesthe-

siologist) in Israel and I have recruited a young surgeon in Ethiopia who is working closely with me. At the moment, there is only one centre in Ethiopia that can perform open heart surgery but there is a lot of interest by the Ethiopian government to expand cardiology and cardiac surgery programs across the country.

Religious Freedom Bills and the Future of Medical Practice

The two drafts of the Religious Freedom/Discrimination bills have unleashed a torrent of responses, many objecting to different aspects of these complex and somewhat obtuse bills. The second draft has introduced new issues relating to the administration and functioning of faith-based hospitals and aged-care institutions.

Umbrella Jewish bodies have supported the ability of these organisations to continue to discriminate on religious grounds in the membership of their boards, management, employees and clientele. This may work well for small Jewish organisations with limited impact on employment. One example is Wolper Jewish Hospital in Sydney, the only Jewish hospital in Australia, with a very small number of beds.

However, an extension of these principles to religious hospital systems with hundreds or thousands of beds could lead to significant problems. The bills reinforce the ability of these hospitals to legally restrict the appointment of medical and nursing staff to members of their own faiths.

Whilst it is unlikely that such discrimination in employment or accreditation will occur, these bills legalise such discrimination (in the name of religious freedom). At present, many religious-based organisations require adherence to defined ethical standards by those who practise in their institutions. I believe this practice works well and should continue to be supported into the future.

By contrast, using religious identity as a basis of employment or accreditation does not guarantee that such ethical standards will be adhered to. In addition, it discriminates against those of other or no faith who would otherwise meet these ethical standards.

I have made a submission to the Attorney-General on behalf of a group of concerned doctors who were available in January 2020 to meet a very restricted timeframe. It is possible these bills will progress no further. However, if the Government persists, then further political activity will be necessary to prevent legal discrimination in medical accreditation and employment in hospitals.

A/Prof Raymond Snyder AM, FRACP
rsnyder@bigpond.net.au

Recent Changes to the Bills:

<https://www.ag.gov.au/sites/default/files/2020-03/summary-of-amendments-to-the-bills-since-the-first-exposure-draft.pdf>

Submissions to second draft Religious Freedom Bills:

<https://www.ag.gov.au/rights-and-protections/consultations/religious-freedom-bills-second-exposure-drafts>

Our submission:

<https://www.ag.gov.au/sites/default/files/2020-05/AssociateProfessorsRaymondSnyderAMandPeterBGreenbergOAMandProfessorsLeonPitermanAM-JeffSzerAMandMichaelGreen.PDF>

Letter sent to Freedom of Religion Consultations

- 30 January 2020

Dear Sir/Madam

I am writing on behalf of those listed below to comment on the Second Draft of the Religious Freedoms Bills.

The second draft introduces new freedoms for religious hospitals to discriminate in staff appointments on the basis of religious identity.

This has the potential to impact on:

- medical and nursing training
- employment in some public hospitals, and
- obtaining clinical privileges or accreditation in some private hospitals.

This could adversely affect doctors and nurses of many religious minorities, including Jews. Currently these institutions require certain ethical standards for doctors and nurses working in their environment. This seems to work well. However, appointment based on religious identity is a different matter, and does not even establish the personal ethical beliefs of an individual. For example, not all doctors identifying as Jewish or Catholic are opposed to abortion or voluntary euthanasia in all circumstances.

Discrimination against Jewish medical students, doctors and nurses was common before World War II in Europe and the USA. We should not expose our children and grandchildren to a possible return to those circumstances.

We hope the Commonwealth Government will not legislate to legalise religious discrimination in religious hospitals.

Yours sincerely

A/Prof Raymond Snyder AM, FRACP

On behalf of

A/Prof Peter B Greenberg

OAM MD PhD FRACP

Professor Leon Piterman AM MD

Professor Jeff Szer AM FRACP

Professor Michael Green FRACP



Thank you to AJF for hosting our September ZOOM session with Prof Mark Spigelman

The Australian Jewish Funders (AJF) is the network of mindful funders who believe that greater impact can be achieved collectively. Driven by Jewish values, the AJF aims to provide a space to enhance and nurture strategic philanthropy, explore philanthropic best practice and encourage innovation amongst like-minded funders, inspiring members to have a greater impact on the Jewish community, wider Australian society and the world.

For further information:

www.ajf.org.au

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From the Archives

THEN....

AND NOW....



BIRTH ANNOUNCEMENT

(by Editor's Privilege)

Jacob & Jude proudly announce the arrival on May 10, 1994 of Jordan Bade-Boon, baby brother to David, Stewart & Jonathan.

Special thanks to obstetrician David Friedin



L to R Former editor of the AFIMA newsletter, Jacob Boon with his son, Jordan Bade-Boon at Jordan's graduation ceremony at Monash University in May 2019.

Jordy is now working as a 2nd year Resident at the Alfred Hospital and Jacob is in his 39th year as an Anaesthetist at various hospitals including Royal Melbourne and Royal Victorian Eye and Ear.

Our Thanks

Our thanks to Dr Leon Slonim, who sent in this photo from the days before a formal Jewish medical organisation was established in Victoria. Dr Slonim recalls being approached by people working with Keren Hayesod - UIA in 1967 to invite colleagues to a meeting to arrange support for Israel.



**AJMF (VIC)
Annual General Meeting
7.30pm Sunday
29 November 2020.
Register via:
presvic@ajmf.org.au**



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