



Presidents Report (VIC)

Spring has sprung and as the weather warms and the flowers bloom, we reflect back on the year, as well as plan for the future. I have had a year off work for breast cancer treatment. It has been interesting being on the receiving end of medical treatment. I am grateful to all my clinical team as well as to the support of my family and friends.

We have had good attendances to our educational meetings and specialist speaker events. Earlier in the year, cardiologist Dr Hendrik Zimmet presented on new management options for heart failure at a dinner meeting at Kimberley Gardens.



L to R, Simon Morley, Morry Brygel, Hendrik Zimmet, Mervyn Cass

In August we heard a fascinating presentation from Prof Silviu Itescu on the history and future of stem cell treatments. He outlined how adult stem cells can be induced to be pluripotent cells and how monoclonal antibodies are used to create master cell banks. Currently stem cells have been used to treat graft versus host disease. Research is underway for stem cell treatment in inflammatory back disease, congestive cardiac failure and many other conditions.

At our last function, we heard from Dr Matt Warden from St Vincents Hospital speaking about metabolic syndrome and antipsychotics. He outlined a long-standing link between schizophrenia and diabetes and the need for metabolic screening every 3 months. He also emphasized that GP's are the main mental health providers and need to track the physical health of these often challenging patients.

On 21 October we will see a preview from



Professor Silviu Itescu with Miriam Kuttner

the Jewish International Film Festival at the Classic Cinema. This year we will be seeing the Israeli film The Cousin, and I encourage all AJMF members to attend this free event.

Our AGM will be held on Sunday 25 November and we have commenced planning for a weekend mini-conference in Daylesford in March 2019. Further information will be provided in forthcoming 'eNews' emails.

Dr Miriam Kuttner

Queen's Birthday Honour | Adj Assoc Prof Leslie Reti AM

For significant service to gynaecology medicine and women's health as a clinician and educator, and to the community.

Les said he was initially surprised being awarded Membership of the Order of Australia (AM), but then quite chuffed! Although Les has always valued, and continues to value, his one to one patient engagement, he decided early in his career that you could add greater value as 'one to many'. With this in mind he led the quality assurance initiatives to improve health systems, first at the hospital level, being the first doctor in Victoria as a paid QA professional in 1989.

Then in addition to hospital systems he went on to steer the QA and reaccreditation systems at RANZCOG. He was awarded the RANZCOG Distinguished Service Medal in 2013.

At the State level he was Deputy Chair of the Victorian Quality Council and in 2013 was awarded the Minister's Health Lifetime Achievement award. Les went on to study public health in the U.S. and was later appointed Adjunct Assoc Prof in the School of Public Health at La Trobe University.

Les also co-founded the Centre Against Sexual Assault in 1987 and is a White Ribbon Ambassador.

Continuing in the philosophy of 'one to many' Les served as a Director on the Board of Jewish Care Vic. from 2004 to 2014 and was made Life Governor in 2016. He currently continues in his private practice, is Director of Clinical Governance at the Royal



Women's Hospital and a Board Director of the Peter MacCallum Cancer Centre.

A/Prof Les Reti

Palliative Care | Davidoff Cancer Centre, Israel

Dr Simon Wein, a Melbourne graduate, now runs the Palliative Care Unit at the Davidoff Cancer Centre in the Rabin Medical Centre Petach Tikvah. He is interested in hosting medical students or Fellows looking for experience in, or considering a career in Palliative Care, Pain Management or Oncology.

A decade ago I moved lock, stock and barrel from Peter Mac in Melbourne to the Davidoff Cancer Centre, part of Beilinson Hospital, in Petach Tikvah in Israel. I had the task of proving the concept (indeed practice) of Palliative Care in a comprehensive cancer centre and a general medical hospital.

The first few months in the new job were difficult. I would wake reluctantly in the morning and mutter imprecations: You're mad. What did you do this for? From a perfectly good job to? However the routine of daily ablutions, discipline and bus schedules kept me going until the faint light at the end of the tunnel turned out to be brilliant sunshine.

In retrospect the difficulties fell into two categories. The first was the challenge of introducing palliative care to an oncology service that has a 25 bed ward and sees, per annum: 3,000 new patients and 30,000 outpatient visits. The administration, who gave me a year's grace, was dubious about the need for Palliative Care, the oncologists were skeptical and territorial, and everyone else was at best curious. Nevertheless to be fair they gave me a chance – which I had to grab.

The other hurdle to overcome was adjusting to a new medical culture as a consultant. In the first weeks I was introduced all over the place (though I did not recognize the new faces the next day); I struggled to understand where and how to order urgent scans; I had to re-boot my Hebrew, and I had to adjust to how differently medical decisions were made. In short I was de-skilled. Fortunately for



This is our team; nurses, dietitians, social workers, psychologists, doctors, and psychiatrist (I'm on the right).

me I was given a half-time nurse, Leah, who is simply outstanding. She knows everyone in the 1,000 bed hospital; she is bluntly forthright, is passionate about palliative care and is a talented professional.

For example: this being the Middle East sometimes the patient does not cooperate with treatment or is stubborn or contrary for obscure reasons. My earnestness and persistent explanations in Hebrew do not seem to go very far. I then call Leah. I step out of the room and close the door. From the other side I hear screaming and shouting, voices raised in apparent bedlam. After a minute or two, Leah brings me back in and it is smiles all around. It seems sometimes they think that only if there is shouting, bargaining and an explosion of emotion, do they really feel they have been cared for. Praised be to

Leah.

A more peculiar custom I came across is as follows. I received a new patient. A lady came in of middling characteristics. She then proceeded to explain how sick her mother was. I said I believed her and where was the mother? Oh, she is too sick to come. I indicated that a medical assessment requires a history and examination in real-time. No problems she said – and in all seriousness, brought out her phone and proceeded to show me photographs and video clips of how sick her mother was. At first glance it may appear absurd, but this good and respectful daughter was trying her best for a fading mother. It is not uncommon for family members to come to appointments sans patient.

Israeli society is a mixture of religious and secular from all points of the compass. Nevertheless there remains a strong influence of the traditional religious values, even amongst the non-religious. On my first day at work the Professor of Oncology warned me – that even the secular were religious, when it came to health.

At Peter Mac in our weekly Palliative Care meeting we would chance our hands at prognosticating on new patients. A process designed to focus clinical thinking and set appropriate goals of care. I tried exploring prognosis in Israel and received one of two answers. Either, 'zero' or, 'I am not God'. This was interesting. The 'zero' group used the expression to indicate that curative anti-tumour treatment had failed and the patient would die sometime within



a year. The 'I am not God' group was reassuring. Firstly that the person to whom I was speaking denied psychotic ideation which has been known to occur in the Holy Land. (cf. the 'Jerusalem Syndrome'.) Secondly, this reflects a persistence of traditional values despite secularization. To wit, that God is a personal God and has an interest in each individual and it is God that determines when man or woman shall live or die.

Doctors are merely the messengers. In any event oncologists in general are loathe to prognosticate and prefer, until death is imminent (that is a day or two), to maintain a positive outlook (i.e. treat aggressively)



and preserve hope. Were a person to lose hope he or she is more likely to despair and to die sooner. And that comes back to the value of life being infinite. Having said all this we have had not a few patients who have no interest in prolonging life under duress, and even two who committed suicide during my first year.

It was difficult to win the oncologists over. In retrospect, the secret to success is to always be available: to have a couple of memorable clinical 'wins' early on; and to deliver a stimulating talk or two. The importance of availability cannot be underestimated. It relieves the oncologist of clinical pressure, acknowledges the importance of symptom control, and promptly manages the patient and family's suffering.

In the beginning, our Pain and Palliative Care Service consisted of one full-time doctor (me), a full-time National Service secretary (an 18 year-old girl whose thoughts are interminably focused on social matters), a half-time nurse (Leah), and a part-time Social Worker. Our working model is essentially consultative and daily outpatient clinics; however we frequently admit patients to the oncology ward (though we have no Bed Card) and manage them with a free hand with the

support of the consultant oncologist. The patients never formally become 'ours'.

After 10 years all the hard work has been appreciated. Palliative Medicine is now a specialty recognized by the Scientific Council in the Ministry of Health. We have four doctors in-training, two more nurses and additional secretarial support. Davidoff Cancer Centre is physically expanding and Palliative care will get its own in-patient Palliative Care Ward.

I could go on. However another option, if anyone wants to hear and see more, is to come and visit us.

We would be delighted to have you join ward rounds, journal clubs, and clinics, for however long.

We guarantee a good time, great food, and lots of laughs.

Please contact me at simonwe@clalit.org.il if you would like any further information.

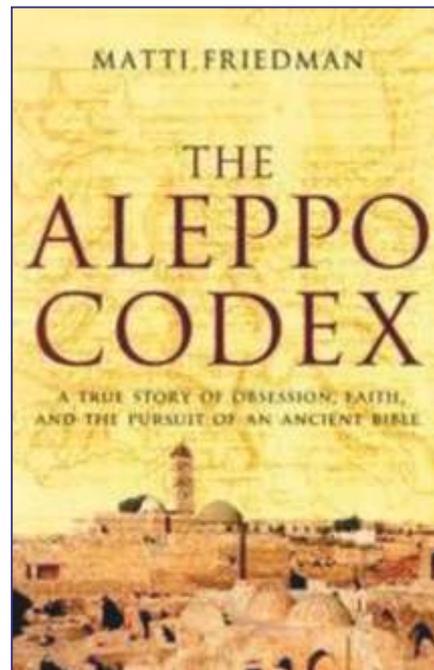
Dr Simon Wein
Director, Dept of Pain and Palliative Care,
Davidoff Cancer Centre

Book Review | The Aleppo Codex by Matti Friedman

Thank you to Morry Brygel for this sending in this article

I read a fascinating book about the 10th Century annotated bible known as The Aleppo Codex, which I would recommend. This book is about the 1100 year journey of the Codex from Tiberius to its hiding place in the great Synagogue of Aleppo in Syria, before it was returned to Israel in dangerous and controversial circumstances in 1948. Since finishing the book, I have been connected to the Aleppo story through some amazing coincidences during my travels in Israel.

While on a holiday in Jerusalem to see our daughter and twin grandchildren, we visited the Israel Museum where the Aleppo Codex is situated, in the room under the Dead Sea scrolls. Soon after this visit, I found myself in a Shule on Yom Tov, sitting next to a descendant of the famous Italian biblical author, Rabbi Umberto



Cassuto. In 1943, it was Rabbi Cassuto who was called upon to examine the damaged Codex after it was brought back

to Israel.

Not much later, at a wedding in Jerusalem, I met a relative of Rabbi Tawill, the head of the Aleppo Community and consequently visited the Aleppo Ades Shule situated near the open air market in Jerusalem. The wealthy Ades family funded the construction of the Synagogue in Ottoman Jerusalem in 1901 as a place of worship for the Jews who had fled Syria. While I was there, I met the next door neighbour of the author of the above book, and now have his phone number!

In addition to reading Matti Friedman's book, when visiting Jerusalem, it is worth taking a walk through Nachalot, the colourful Agrippa Street and visiting the Aleppo Ades Shule to see the restored artwork and murals inside.

Jenescreen | BRCA testing for the Jewish Community

It has been known for over 20 years that over 2% of Ashkenazim carry one of three specific mutations in BRCA1 and BRCA2 – called Jewish Founder Mutations.

Women who carry one of these mutations are at high risk of breast and ovarian cancer, and are offered increased breast screening, preventive medications and risk reducing surgery. Men who carry a mutation have a higher than average risk of prostate cancer and male breast cancer. Each child of a mutation carrier has a 1 in 2 chance of inheriting the mutation.

Until now, testing for these mutations has been offered to members of the Jewish community who have a personal or family history of breast or ovarian cancer. This testing has been done on a blood sample following a consultation at a hospital genetics service. However, studies have shown that testing based on cancer history fails to detect half of the BRCA mutation carriers in our community.

A collaborative project between the Prince of Wales Hospital, the Wolper Hospital, the



Preventing cancer in the Jewish community

Murdoch Children's Research Institute and Ovarian Cancer Australia is now offering testing for these mutations to anyone of Jewish ancestry through a cheek swab. Two models of care are being compared through a research study. In Sydney,

participants will receive pre-test information and provide consent through an online program. Melbourne participants will attend group information sessions and be given a cheek swab to collect at the time, or later at home.

Anyone aged over 18 with at least one Jewish grandparent is eligible to participate, providing they have not been diagnosed with cancer in the past 12 months. Men are strongly encouraged to participate, as they may be carriers of a mutation without having cancer in their family, but are at risk of passing the mutation on to their daughters.

Results are returned by email, phone or face to face. Anyone found to carry a mutation will have a consultation with a genetics service to discuss the implications for themselves and their family.

Participants will complete a family history questionnaire, and anyone with a significant family history will have a clinical assessment to determine if further genetic testing is indicated.

Questionnaires will assess the safety and effectiveness of these options for pre-test information and consent, with a view to expanding these models to the wider community, as the cost of genetic testing is falling rapidly.

For more information go to www.jenescreen.com.au

Dr Lesley Andrews
Hereditary Cancer Clinic, Prince of Wales
Hospital

Professor Martin Delatycki
Murdoch Children's Research Institute

eviQ Guidelines for risk management www.eviq.org.au

Cancer Risks by age 80 for females, by age 70 for males

	BRCA1	BRCA2
Female Breast	72%	69%
Ovary	44%	17%
Male Breast	1.2%	7%
Prostate	8.6%	15%

Risk management for BRCA1 or BRCA2 mutation carriers

Females

- 30-40 yrs - annual MRI, +/- US
 - 40-50 yrs - annual MRI, +/- MMG, +/- US
 - >50 yrs - annual MMG +/- US
 - Discuss risk-reducing medication
 - Offer risk reducing mastectomy with reconstruction
 - RRSO by age 40 (BRCA1) or 45 (BRCA2)*
- *no benefit has been shown from screening with CA125 or trans-vaginal ultrasound

Males

- Annual PSA+DRE from early 40s. Prompt management of rising PSA, as BRCA related prostate cancers are more aggressive
- Breast area self palpation . No routine breast imaging.

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Paediatric Cancer Precision Medicine



Associate Professor Ron Firestein and his partner Ms Naama Neeman are an Israeli-American couple leading a revolutionary new program in personalised cancer medicine in Melbourne. Both started their journey in Israel and relocated to the United States to train and work in healthcare. A/Prof Firestein completed his Bachelor in Science at the University of Pennsylvania, his MD and PhD degrees at Stanford University and clinical training in Anatomic and Molecular Pathology at Harvard Medical School. Ms. Neeman completed a Master's degree in Health Management at Bocconi University (Milan, Italy) and held leadership roles at Harvard Medical School and UCSF before moving to Australia.

Three years ago, Ron was recruited to head the Cancer Centre at the Hudson Institute of Medical Research and appointed as adjunct faculty at Monash University. Together with Naama and their two children, Emily (age 6) and Eliana (age 8) the family has settled in Australia and are enjoying life 'down under'.

Last year, Ron and Naama joined forces with a team of scientists and paediatric oncologists at the Hudson Institute, Monash University and the Monash Children's Hospital in establishing the Hudson-Monash Paediatric Precision Medicine (HMPPM) Program, Supported by the Children's Cancer Foundation (CCF).

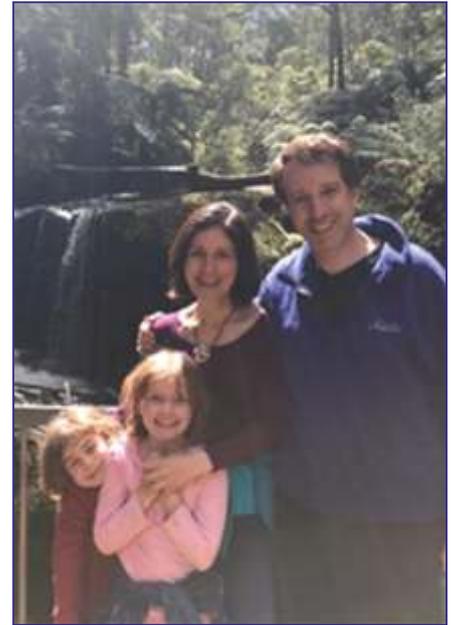
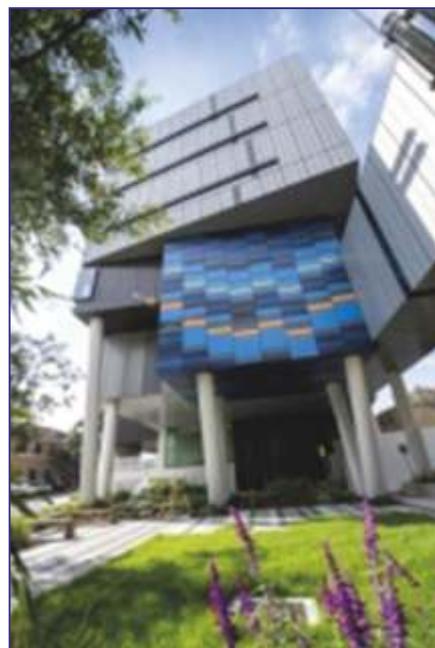
The newly established research program aims to significantly improve treatment for childhood cancer patients with the greatest unmet clinical need – those diagnosed with brain cancers and solid tumours. Precision Medicine is an effective new approach to the treatment of disease, based on individual genetic characteristics. Every patient's cancer tumour is genetically unique and responds to treatment in different ways. Current treatment options, such as chemotherapy and radiation, are not always curative and can have devastating short and long-term health effects. Precision medicine technologies can significantly improve medical outcomes without subjecting

cancer patients to the devastating side effects of therapies from which they would not benefit.

The program includes the establishment of a living biobank of paediatric brain tumours and solid cancers – including living organoids or lab-grown 'mini-tumours' – to trial and develop new targeted treatments and improve survival rates for childhood cancer patients. The program also includes the establishment of a functional genomics pipeline, capitalising on the living biobank tumour samples to integrate genomic data (next generation sequencing) with functional data obtained from high-throughput genetic (Cas9/CRISPR) and results from global pharmacological drug screens.

The comprehensive molecular analysis of individual patient tumours will help identify both new and existing therapies that can be rapidly implemented in the clinic. This approach will facilitate clinical implications of data from the functional genomics pipeline for individual paediatric patients.

According to A/Prof Ron Firestein, the program is aimed at ensuring children with cancer benefit from major advances



Ron, Naama and family

already being made in adult solid tumours: "Every child's tumour is genetically unique and responds to cancer treatment in a different way. Knowledge of the genetic variability of paediatric tumours is building at a fast pace and this program is aimed at translating this information into treatment. Current treatment options, such as chemotherapy and radiation, can have devastating long-term health effects for childhood cancer survivors. Our aim is to develop effective, targeted treatment options with fewer side effects for these young patients which may improve long-term survival."

The HMPPM Program has to date established collaborative agreements for sample and data sharing nationally with the Monash Children's Hospital, the Royal Children's Hospital, the Murdoch Children's Research Institute, the Walter and Eliza Hall Institute of Medical Research, the QIMR Berghofer Medical Research Institute and the Queensland Children's Tumour Bank. Most importantly, the program capitalises on strategic international collaborations with the KK Women's and Children's Hospital (Singapore); and Hubrecht Institute (the Netherlands); and Children's Brain Tumor Tissue Consortium (CBTTC, USA). The Hudson Institute is the first and only Australian member of the US-based CBTTC, a collaborative program, with over 15 research institutes from the US, Europe and China, dedicated to the study and treatment of childhood brain tumours.

Naama Neeman and A/Prof Ron Firestein

Israeli Fellowship | Neurosurgery at Royal Melbourne Hospital

Amit Azriel received support from the VIC branch of AJMF

My name is Amit Azriel, I am 41 years old, married to Avigail and together we have four children: Geffen, Yiftach, Ruth and Yotam. I was born and raised in Israel, and received my medical degree from the Hadassah school of medicine of the Hebrew University in Jerusalem. Following my internship year at the Rivka-Ziv medical centre in Tzfat, I started a six-year training program in the department of neurosurgery at the Soroka University Medical Centre in Beer-Sheeva, southern Israel. Soroka is one of the three largest medical centres in Israel and the only tertiary centre south of Tel-Aviv, serving a diverse population of over one million people.

In January 2017, immediately after completing my basic training as a neurosurgeon, I arrived in Melbourne and commenced a fellowship program in the department of neurosurgery at the Royal Melbourne Hospital, under the direct supervision of Professor Andrew Kaye and A/Professor Kate Drummond. During my fellowship I have gained significant experience and knowledge in the fields of neuro-oncology, deep brain stimulation and general neurosurgery. I have learnt a



Amit and Avigail with family

lot about decision making, complex patients management and integrated clinical judgment. I took part in numerous neurosurgical procedures as well as bedside discussions, teaching sessions, multi-disciplinary meetings and clinical research activities.

I feel privileged to be part of a very busy and extremely professional neurosurgical unit and to be supervised and guided by two well-known and highly appreciated neurosurgeons. I am also grateful for the personal and professional support I received at work, from the AJMF and from good Israeli and Australian friends.

As a family, we all settled in rather quickly thanks to great help from old and new

Israeli friends as well as new friends from the lively Jewish community in Caulfield. Our children had a warm welcome to their school and kinder, and thanks to the attention and support are having a great educational, social and cultural experience. We were all fascinated by the new and remote country we arrived to, and took many family trips around Victoria, other parts of Australia and even New-Zealand.

Soon my fellowship program will be over and we will all return to our home in Israel. I am looking forward to my work in Soroka, and will definitely do my best in order to implement the knowledge, experience and insights I have acquired during my stay here.

As a family, we will surely cherish the Australian experience and will miss many things here (especially the glorious Sundays...).

We all look forward to our next visit to Australia and intend to maintain our new friendships and professional connections.

Dr Amit Azriel



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Israeli Fellowship | Shaul Yaari received support from AJMF (VIC)

In the Israeli winter of early 2017 my wife, Maya, myself and our three kids, Noam, Uri and Yishai embarked on our trip to Australia, where I was to work as a gastroenterology registrar at Western Health and Maya was going to do her postdoctoral fellowship at the Royal Children's Hospital and La Trobe University in the field of developmental psychology. We were all looking forward to an experience that would open us all to new people, landscapes and experiences and bring us closer as a family.

I was born and brought up in Israel. I finished high school in Jerusalem and joined the Israeli navy, where I served as a naval officer for six years. I studied medicine in Hadassah medical school and did my training in internal medicine at Hadassah Mt Scopus and my gastroenterology training in Hadassah Ein Kerem in Jerusalem. In the last 8 years, we lived in Beit Zait, which is a moshav very close to Jerusalem. This is a great place to live in. We lived just a few minutes' walk from my parents and brother and I use to walk to work through the fields and the lovely neighbourhood of Ein Kerem. My kids went to school in Jerusalem and my wife was doing her PhD at the Hebrew University at Mt Scopus. I realise this is not the stereotype, but life in Israel was quite comfortable, and yet we felt like we wanted to see the world.

We arrived in Australia and I started working immediately. I came to work at Western Health with the help of A/Prof Alan Moss, the director of gastroenterology there. Western Health is a centre of excellence in the field of interventional

endoscopy namely EMR – which stands for Endoscopic Mucosal Resection-which means a method for endoscopic research of polyps in the gastrointestinal tract.

The cultural differences were overwhelming, but over the time I managed to learn the unique Aussie slang and made some new friends. The time at the Western enabled me to get hand on experience in complex polypectomies as well as get exposure to the Australian patients and health system, which are very different from Israel. For instance, the magnitude of alcohol use and abuse, which was dramatically more prevalent than I had previously encountered, exposed me to a different patient population with alcohol related complications and especially alcoholic liver disease and its complications.

The first year in Australia had been quite a challenge, getting used to a new work, culture and language, away from home and without the support systems we were used to. This year I've taken a step back to allow my wife to do her post doc full time. I am doing a clinical nutrition fellowship at the Royal Melbourne Hospital and



Shaul and Maya Yaari and family

continuing with endoscopic work and training at Western Health.

Now that I have a little more time, I am able to pursue another passion of mine which is hiking and just being in the great outdoors and away from civilization. Israel is blessed with amazing landscapes and I have come to know them pretty well, but it is, after all, tiny and crowded. The abundance of wilderness areas that Australia has to offer is overwhelming. During this year we have had multiple experiences in the great Australia outdoors that brought us together as a family and strengthened our bond with the planet we live in.

In about six months we intend to go back to Israel. I plan to work as a gastroenterologist in the internal medicine department in Hadassah Mt Scopus, where I grew up as a physician and very close to where I grew up as a child. The experience we had in the last year and a half in Australia, which was generously supported by the AJMF, and for which I am grateful, will enable me to practice with greater skill and knowledge which I have acquired Here. This Australian experience has enabled this decision – to go back and work in Jerusalem – to be an informed choice and not a result of inertia. This time away from home, made me realize how important home is for me and made me appreciate things I was accustomed and oblivious to. This time has also redefined us as a family and provided us all the knowledge and experiences which we will forever cherish.

Dr Shaul Yaari

Imaging the World by Dr Henry R Lew

The book's subject matter is written in simple prose, which makes it readily accessible to general readers; its aim being to revolutionise the way in which readers and art lovers will think about and perceive their own vision by amalgamating a knowledge of art history and artistic techniques with an appreciation of the 'neurophysiological engineering of human vision'.

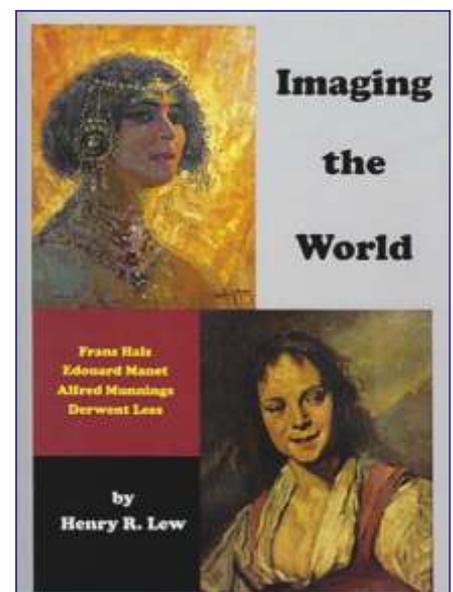
The ideas expressed have arisen out of two interwoven passions, which have dominated my mind for more than forty years.

My first passion has been a continuous search to acquire more knowledge with respect to both ophthalmological medical

practice and its corollary human vision; because it is, of course, primarily human vision which ophthalmological medical practice strives enduringly to protect.

My second passion has been a methodology, which I have independently developed, of selectively examining (and sometimes acquiring) discarded, unwanted paintings, by utilising principles which have been derived from an understanding of the neurophysiological engineering of human vision.

Dr Henry R Lew, Ophthalmic Surgeon
www.henryrlew.com.au.



Israeli Medical Association (IMA) World Fellowship Scholarship



For many years, the IMA and World Fellowship chapters, have awarded grants and scholarships, which have enabled hundreds of Israeli physicians to accept fellowship positions overseas.

During their fellowships, these physicians have the opportunity to experience foreign medical systems, institutions and practices hands on and to serve as ambassadors of Israel and the Israeli medical field.

The AJMF agreed to provide a grant in 2018, which was awarded to Dr Lior Levy (left) by Dr Zeev Feldman, Chairman of the IMA World Fellowship at a special ceremony earlier this year.



We received the following letter from Dr Lior Levy

Dear Dr. Kuttner,

Following the scholarship ceremony at the Israeli Medical Association that took place in Ramat-Gan last week, I would like to thank the AJMF for supporting me with the scholarship sponsored by the Australian chapter of the Israeli Medical Association to support my fellowship in minimally invasive surgery in Gynecology, planned to start in October at Monash Health, Melbourne.

It is a great honor for me to receive this scholarship from the AJMF, and I am sure that it would help me to achieve my professional goals during this training program.

I am planning to arrive with my family to Melbourne in September.

Again, thank you so much.

Looking forward to meet you,

Sincerely,

Dr. Lior Levy,
Department of Obstetrics and Gynecology,
Emek Medical Centre, Afula

SAVE THE DATE

Further information about upcoming events and conferences are posted on our website www.ajmf.org.au

VIC: SUN 21 OCTOBER 2018

Movie Night: The Cousin (JIFF preview)
Classic Theatre – 6.45pm
Free for members and their partner
RSVP (essential) to presvic@ajmf.org.au

VIC: SUN 18 NOVEMBER 2018

Mitzvah Day/MDA
Community Blood Drive
12 noon to 2.15pm
322 Hawthorn Rd, Caulfield
Bookings essential
ruth@mdavic.org

VIC: AGM SUN 25 NOVEMBER 2018

Details to be emailed to members closer to the date

ISRAEL: 27-29 NOVEMBER 2018 UNESCO 13th World Conference on Bioethics, Medical Ethics and Health Law

Info: www.ethics-2018.isas.co.il

ISRAEL: DECEMBER 2018 Orthopaedic Association 38th Annual Meeting 2018

Info: www.israel-ortho.org.il

AJMFNEWS



Editor

Mark Steiner

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**Australian Jewish Medical
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PO Box 2270

Caulfield Junction VIC 3161

www.ajmf.org.au

Victorian Division

President **Miriam Kuttner**

Email: presvic@ajmf.org.au

NSW Division

President **Danny Chalmers**

Email: ajmfnsw@gmail.com