

09 C Busby

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Question 1:

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Question 39:

The new National Registration of medical practitioners has made it illegal for a retired medical practitioner to become involved in any activity which may be described as medical practice whether remunerated or not.

I am a retired 65 year old Cardio-thoracic Anaesthetist (cardiac surgery heart transplants etc) who also looked after intensive care. If you drop down in the street with a cardiac arrest, I am

specifically prohibited from going to your assistance and could have legal proceedings against me for the illegal practice of medicine, as I can no longer be registered. The bystander who knows nothing about a cardiac arrest can go to your assistance but may not know what to do.

The regulations state that I am prohibited from all acts, remunerated or not, associated with the practice of medicine.

I can not teach. I could not volunteer to take on an adult education class on anatomy. I can not teach anaesthetic registrars skills on the computer simulation models etc. During practice I had some areas of super-specialisation and still occasionally have requests for advice from specialist colleagues. Giving that advice is illegal.

I can not give advice legally to the general public. Almost daily I am asked for explanations on medical questions. Questions that I can answer because I have the medical knowledge and the time in retirement to fully explain. What do all those Latin names mean? What is the physiology, pharmacology and anatomy causing the problem? I have the knowledge to explain, but more importantly, the time, to help these people. But by regulation I should refuse to help as that would be (unremunerated) medical practice.

I have since retirement encountered several diagnostic situations with acquaintances, where the misdiagnosis or inadequacy of treatment has been life threatening. Referral to another medical practitioner with a letter of explanation was called for but is illegal.

The National Registration of Medical Practitioners by regulation has deprived the community of a valuable volunteer resource by prohibiting all involvement in a widely defined definition of medical practice.

I do not advocate that retired (unregistered) medical practitioners should be given rights to practice medicine in terms of prescribing or treating the general public.

I do advocate that for a retired medical practitioner, it should not be prohibited to listen, explain, teach or to write a legally accepted (by Medicare) letter of referral (without the expectation of remuneration).

I advocate that medical practitioners should not be prohibited from performing good Samaritan acts. Under the current regulations of the National Registration of medical practitioners, all medical practice (with wide definitions), after retirement, is prohibited, whether remunerated or not.

Question 40:

Question 41:

Question 42:

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Question 46:

Question 47:

Yes

Question 48:

Remove all age based restrictions but impose restricted benefit period.

Question 49:

Question 50:

Age should not be a barrier. Premiums should not rise with age as this would be a disincentive to employment.

Benefits however should be adjusted (downwards) to reflect the increased risk on an actuarial basis.

Individuals should be able to access increased benefits subject to medical and fitness tests for physiological age rather than chronological age.

Question 51:

If a person is capable of meaningful work there should be no restriction subject to comment above.

Question 52:

Question 53:

Question 54:

Physiological age is more important than chronological age but a lot harder to assess.

How long is someone likely to contribute meaningfully to society?

How long is someone likely be a burden on society?

In answering those two questions some 60 year olds could be preferred over some 30 year old skilled migrants.

Question 55:

No

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