First do no harm
Being a resilient doctor in the 21st century
Leanne Rowe, Michael Kidd
North Ryde: McGraw Hill Australia Pty Ltd, 2009
ISBN 978 007 0276 970, $34.95
I learnt a few new things reading this book. It was the first time I had actually read the Hippocratic Oath. It was also the first time I read the Declaration of Geneva, which was adopted by the 2nd General Assembly of the World Medical Association in 1948 as a declaration of the humanitarian goals of medicine. It is an updated pledge to the higher values of a commitment to medicine, encapsulating many of the sentiments of the original Hippocratic Oath, one of which included the care of our colleagues. One of the familiar statements from our medical enculturation, ‘First do no harm’ is attributed to Hippocrates, and reminds us to consider possible harm to patients from every medical intervention. Rowe and Kidd broaden this concept for the 21st century, including the importance of doing no harm to ourselves, embedding self care as an essential part of working as a doctor.
They provide us with inspirational stories of Australian doctors who displayed fierce determination, exemplary care for their patients, resilience and humility. At first this seemed at odds with the remainder of the book. I found myself wondering about the personal toll of their medical careers on these devoted individuals and whether they were able to manage good self care. The book then moves to practical strategies for self care tailored to the specific issues that often face doctors in maintaining physical and emotional health: understanding the personality and professional risk factors that set us up for health concerns; recognising the signs of stress; achieving work life balance; managing time effectively; overcoming the tendency to control others instead of managing our own stress; challenging unhelpful beliefs; establishing a relationship with our own GP; and most importantly nurturing and strengthening our personal relationships.
When I came to the end of the book I realised the importance of the inspirational stories at the beginning. It is about the importance to our wellbeing of finding meaning and inspiration in our work and our lives, living according to our personal values and striving to create a legacy from our professional and personal lives.
For me, the most important aspect of the book is a symbolic one: two of our most respected leaders espousing the integral importance of self care to our professional role. For that reason alone, ‘First do no harm’ should be prescribed reading for medical students and doctors in all stages of their careers. The next step for us as a profession is to come to consider that our health and wellbeing is important for ourselves, as it is for all individuals, and not only because it helps to make us resilient doctors, but better able to care for others.

Sue Reddish
Canterbury, Vic

Management of the Menopause, 5th edition
Margaret Rees, John Stevenson, Sally Hope, Serge Rozenberg, Santiago Palacios
London: Royal Society of Medicine Press and British Menopause Society Publications, 2009
ISBN 978 1 85315 884 1, $74.00
Management of the Menopause, is a relevant and comprehensive summary of the assessment and management of women in mid-life. It is particularly relevant to GPs, nurses, specialists and allied health practitioners involved in the health care of mid-life women. The book is well formatted, easy to read and easy to navigate. Many women would also find this book enlightening and practical. With so much inaccurate information available via the internet, media and friends, here they can read the facts, understand their specific health risks and arm themselves with appropriate questions to discuss with their GP.
Management of the Menopause is written by well respected and credentialed authors, each with a different slant depending on their particular specialty and research interests. The inclusion of a female GP ensures that issues facing primary care practitioners are fully covered and relevant.
This book concisely summarises the main issues surrounding women in mid-life. The authors then provide a list of further reading relevant to each section, allowing the health practitioner to gain an overview first and then explore more detailed literature as desired.
Of particular note, the chapter covering ‘Benefits, risks and uncertainties of oestrogen based therapies’, accurately and succinctly puts current research into perspective. The only issues that I would highlight is that the book is written with a British/European flavour. Some of the drug formulations are not available in Australia and some of the national health policies differ.
Also, there are a couple of areas which are very light yet are major clinical issues affecting quality of life and often the original reason that women seek help from their GP: sexual dysfunction, particularly non-hormonal causes and use of androgen therapy; and psychological/mood symptoms affecting women in mid-life. Similarly, in the current climate of responsible use of complementary therapies, the negative issues relating to bio-identical hormones are not covered strongly enough.

Sue Reddish
Canterbury, Vic
Some of the most typical symptoms of the menopause include:

3. Psychological issues such as mood disturbances, anxiety and/or depression, memory loss, panic attacks, loss of confidence and reduced concentration. By taking the menopause seriously and treating it as an occupational health and people management issue, organisations can help to mitigate the potential negative impact of symptoms on the individual and the organisation, such as reduced job satisfaction and an increased desire to leave work altogether (Brewis et al. 2017). The evidence shows that, where women receive understanding and help from management, it is greatly valued and enables them to continue working well.

6. Menopause, also known as the climacteric, is the time in women's lives when menstrual periods stop permanently, and they are no longer able to bear children. Menopause typically occurs between 49 and 52 years of age. Medical professionals often define menopause as having occurred when a woman has not had any menstrual bleeding for a year. It may also be defined by a decrease in hormone production by the ovaries. In those who have had surgery to remove their uterus but still have ovaries, menopause may of menopause.

Health concerns including family history

General health/disease management (lifestyle issues such as physical activity, diet, smoking, alcohol, obesity).

Contraceptive needs.

Management of:

- Menopausal symptoms
- Vulvovaginal atrophy
- Prevention of osteoporosis
- Sexual dysfunction.

Women's Health Research Program, Monash University, womenshealth.med.monash.edu.

A Practitioner's Toolkit For The Menopause.

Menopausal Symptom Management. Identify and treat the main issues. Localised Urogenital Symptoms. Exclude dermatological or infective causes.

Introduction • Natural menopause is defined as the permanent cessation of menstrual periods, determined retrospectively after a woman has experienced 12 months of amenorrhea without any other obvious pathological or physiological cause. It occurs at a median age of 51.4 years in normal women, and is a reflection of complete, or near complete, ovarian follicular depletion, with resulting hypoestrogenemia and high FSH concentrations.

9. Cognitive changes

Women often describe problems with memory loss and difficulty concentrating during the menopausal transition and menopause, and substantial biologic evidence supports the importance of estrogen to cognitive function. The diagnosis of the menopause in the majority of women is a clinical one and investigations are usually not recommended. Laboratory tests are not required in the following otherwise healthy women aged over 45 years with menopausal symptoms: Perimenopause based on vasomotor symptoms and irregular periods. Menopause in women who have not had a period for at least 12 months and are not using hormonal contraception. Menopause based on symptoms in women without a uterus. There are no safety data available in relation to their risk of venous thromboembolism (VTE). Early menopause management. Early menopause is defined as a menopause between the ages of 40 and 45 years. This occurs in up to 20% of women.
The main treatment for menopausal symptoms is hormone replacement therapy (HRT), although other treatments are also available for some of the symptoms. Hormone replacement therapy (HRT) involves taking oestrogen to replace the decline in your body’s own levels around the time of the menopause. This can relieve many of the associated symptoms. National Institute for Health and Care Excellence (NICE) guidelines state that HRT is effective and should be offered to women with menopausal symptoms, after discussing the risks and benefits. There are two main types of HRT: The Management of the Menopause &. Post-Menopausal Years. The Proceedings of the International Symposium, held in London 24-26 November 1975 Arranged by the Institute of Obstetrics and Gynaecology, The University of London. MTP. Published in the UK by MTP Press Limited. 17 The effect of synthetic and natural estrogens on glucose tolerance, plasma insulin and lipid metabolism in post-menopausal women T. Pyorala Discussion. SECTION E. CALCIUM METABOLISM Chairman: C. V. P. Chamberlain. 18 Post-menopausal changes in calcium and phosphorus metabolism C. E. Dent. vi. The diagnosis of the menopause in the majority of women is a clinical one and investigations are usually not recommended. Laboratory tests are not required in the following otherwise healthy women aged over 45 years with menopausal symptoms: Perimenopause based on vasomotor symptoms and irregular periods. Menopause in women who have not had a period for at least 12 months and are not using hormonal contraception. Menopause based on symptoms in women without a uterus. There are no safety data available in relation to their risk of venous thromboembolism (VTE). Early menopause management. Early menopause is defined as a menopause between the ages of 40 and 45 years. This occurs in up to 20% of women.