



# AUSTRALIAN MILITARY MEDICINE

**August 1996**

**Volume 5 Number 2**

The Journal of the Australian Military Medicine Association

# **Australian Military Medicine Association**

## **Statement of Objectives**

The Australian Military Medicine Association is an independent, professional scientific organisation of health professionals with the objectives of:

- promoting the study of military medicine
- bringing together those with an interest in military medicine
- disseminating knowledge of military medicine
- publishing and distributing a journal in military medicine
- promoting research in military medicine

Membership of the Association is open to doctors, dentists, nurses, pharmacists, paramedics and anyone with a professional interest in any of the disciplines of military medicine.

The Association is totally independent of the Australian Defence Force.

## President's Message

Nader Abou-Seif

The highlight of the year for AMMA is always the National Conference. This year is sure to be no different. The Conference organisers, Lydia Stevens and Andy Robertson have put together a varied program of the highest standard. As in past years the quality of papers and presentations is a good reflection of effort and resource available in Australian Military Medicine.

I would also like to take this opportunity to welcome Air Vice Marshal Graeme Moller to the position of Patron of AMMA and to congratulate him on his appointment as Surgeon General of the Australian Defence Force. I hope that he enjoys his period as Patron and that AMMA may continue its growth and development during his patronage. As you know, he succeeds Major General David Rossi who has been Patron since 1993. Major General Rossi has been an untiring advocate and supporter of AMMA from its early days and on behalf of the Council and membership of the Association, I would like to express our thanks to him for his part in the growth of AMMA from a fledgling society to an established national organisation.

Also in this issue, you will find a copy of the AMMA Annual Report. At the previous Annual General Meeting, Council made a commitment to the membership to provide a program of support for military medicine coupled with responsibility and accountability to the membership. I hope that this, the first Annual Report to be circulated prior to the AGM, may be seen to be part of the fulfilment of this promise.

I look forward to meeting as many of you as I can during the conference. As in past years the conference will provide an opportunity to develop friendships and "contacts" in an informal as well as formal setting which is unequalled by any other occasion in the Australian Military Medicine calendar. AMMA remains a great forum for all those with an interest in military medicine - past, present and future. As such, I commend this year's conference to you all. Our previous meetings have all been of a great standard. With your help and support, it will only get better.

---

## Editorial

### Credibility

Russ Schedlich

One of the main reasons, if not the only one, for having uniformed military medical services, is so that they can be operationally deployed into areas of conflict. Four of the articles in this issue of *AMM* are directly related to this type of medical support. They cover a wide spectrum of issues that are important in operational medicine - major surgery in the field, common causes of morbidity in a naval environment, aeromedical evacuation and sophisticated ship-based medical facilities.

These articles illustrate the diversity of our activities, and also some of the distinctions between the two services. Under the new Surgeon General, the higher management structure of defence health services is to be subject to a major review. At the same time, moves are afoot to determine how health will fit in to the new Headquarters, Australian Theatre concept, Navy has just completed an internal review of its health service, and the Australian National Audit Office is about to undertake a review of health care delivery.

There are many questions to be answered. Is there to be more integration or less? Is this to be at the

operational level as well as the strategic level? Are uniformed health services cost effective? Should defence health be completely "purple"?

In the June 1993 issue of *AMM*, Tony Austen, opined that defence health should be completely integrated.<sup>1</sup> He used in illustration the Canadian Defence Force health service, where an individual's appointment is related solely to his special skills and ability. Another example is the South African Defence Force, which has a fourth service - Health. Are these good models?

An organisation's effectiveness is influenced by many things. Two that appear relevant in the Defence Force are credibility and authority. The latter should be a simple matter, since the hierarchy of Defence is based on authority as manifest by rank. The former is more complex, but is perhaps the more critical. In the military, credibility is also inextricably enmeshed with the demonstration of rank.

Credibility is defined as "worthy of belief or confidence, trustworthy".<sup>2</sup> An organisation, which is the