



# THYROID FLYER

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*A Bit of This. A Bit of That.*

## Editorial

By Christopher McDermott

Welcome to the first issue of Thyroid Flyer for 2002 and my first issue as the new President of Thyroid Australia.

I hope you have all had a good Christmas break. It seems that for many people, the break meant more time to find about thyroid conditions and treatments. The Thyroid Australia website did not get a holiday rest! There were many more visits to our website in December than in any previous month. Once again it is clear that there is a need for the information we can provide and that we are helping to meet that need.

We have had a big year in 2001. As well as producing our regular newsletters and website, Thyroid Australia had its first all day public seminar in Melbourne in August and the first interstate meeting in Brisbane in October. We also had public meetings in Melbourne, Bendigo and Benalla during the year as well as providing speakers for various community meetings around Melbourne including Dandenong, Frankston and St Albans.

For the meeting in Brisbane I would like to thank the work of Chris Bloom and the financial support provided by GlaxoWellcome towards the costs of the meeting.

During 2001 we also held our first Annual General Meeting followed by a fascinating talk by Dr Richard Arnott on the genetics of autoimmune diseases including the relationships connecting various autoimmune conditions. We thank Dr Arnott for his time and contribution. The AGM went very smoothly with the election of new positions on the Board - more of a re-arrangement of Board members - and some motions passed which fix up some things in the Thyroid Australia constitution improving the way

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## Better Medical Education: What Can and Should be Done

By Dr. Ian R. Hart

*Dr. Ian Hart, a native son of Scotland, has spent most of his professional life in Canada. Until his retirement, he was Chief of Medicine, Division of Endocrinology at the Ottawa Civic Hospital. Retirement has not, however, slowed his pace noticeably. He has travelled the world in aid of improved medical education, giving lectures and presentations at medical schools, particularly in South-east Asia. In 2000, for example he logged some 140,000 miles and has already piled up 40,000 this year. We were fortunate to catch him on one of his brief touch-downs at home where he kindly took time to express some of his thoughts on medical education in the following article.*



### Great Expectations

Everyone who is sick, wants and expects the best possible care from any physician to whom they turn for help. Physicians also expect to do the best job they can diagnosing, treating and following every patient they see. If both of these sets of expectations were always attained, and the 'best possible job' was done, everyone would be satisfied and the delivery of health care would be close to perfection. Unfortunately life is not like that! Doctors cannot pretend to know everything and every patient's case is different. Surely, you might say that if you have Graves' disease, it is simply a matter of better training and having trainees spend more time learning how to diagnose and treat thyroid disorders. But since there are only so many hours in the day, so many weeks in the month and so many months in the year, and so many diseases, disorders and causes of pain and suffering to learn about, that the practicing physician cannot always be fully informed and have all the necessary skills all the time.

It is only natural that every patient expects their physician to be knowledgeable and skillful in diagnosing their particular disease. But the reality is that no training program, neither at the student or the resident training level, can provide truly in depth training in every special area of medicine, and even if it could, no one, including doctors can remember everything forever.

What can medical education do? Before making a series of specific suggestions as to how medical education can and should improve the delivery of thyroid health care, it is important to consider the following factors:

- Knowing everything about every disease - the enormity of the problem
- What clinical competence is all about
- How people learn
- How doctors reason

### Knowing everything about every disease

As the practice of medicine has become increasingly complex over the past few decades, the amount of knowledge that someone studying medicine theoretically needs to accumulate and retain is now well beyond the intellectual capacity of any human being. Medical education has increasingly recognized that it is impossible to teach trainees everything about everything, and equally impossible for medical students and residents in training to learn and retain everything.

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# THYROID AUSTRALIA

## MEMBER BENEFITS

Full access to Thyroid Flyer is restricted to paid up members of Thyroid Australia.

Thyroid Australia's services are funded by membership fees and donations from individual members of the public.

Membership is not expensive and your money goes towards the costs of maintaining and hosting this site, staffing our office, producing our newsletter and researching thyroid problems and treatments.

Please visit the About Us section of our web site for details of how you can join Thyroid Australia and help us help others just like you.