

## EDITORIALS

- 412 Testosterone prescribing in Australia  
Bronwyn G A Stuckey
- 413 Maternal deaths in Australia, 1997–1999  
James F King, Emma K Slaytor, Elizabeth A Sullivan
- 415 Human papillomavirus:  
a cause of some head and neck cancers?  
Barbara R Rose, Wei Li, Christopher J O'Brien

## POSTCARD FROM THE UK

- 417 Lying awake worrying about steroids  
Konrad Jamrozik, Richard F Heller, David P Weller

## RESEARCH

- 419 Trends and regional differences in testosterone  
prescribing in Australia, 1991–2001  
David J Handelsman
- 423 Colonoscopy screening for colorectal cancer:  
the outcomes of two recruitment methods  
Mike Corbett, Sharon L Chambers, Bruce Shadbolt,  
Lybus C Hillman, Doug Taupin

## HEALTHCARE

- 428 Using checklists and reminders in clinical pathways  
to improve hospital inpatient care  
Alan M Wolff, Sally A Taylor, Janette F McCabe

## NEW DRUGS, OLD DRUGS

- 432 The direct thrombin inhibitor melagatran/ximelagatran  
Timothy A Brighton

## VIEWPOINT

- 438 Throwing out the baby with the spa water?  
Caroline M de Costa, Stephen Robson
- 440 Research ethics committees: what is their contribution?  
Bebe Loff, Jim Black

## MEDICINE AND THE LAW

- 442 *Gardner; re BWV*: Victorian Supreme Court makes  
landmark Australian ruling on tube feeding  
Michael A Ashby, Danuta Mendelson

## NOTABLE CASES

- 446 Visceral leishmaniasis:  
a trip to the Greek Islands is not always idyllic  
Oui Ju, David I Grove, Wilfrid J Jaksic, Geoffrey W Dart

## EBM: TRIALS ON TRIAL

- 450 Combined treatment with angiotensin-converting  
enzyme inhibitors and angiotensin-receptor blockers  
to prevent end-stage kidney disease in patients who  
do not have diabetes  
Giovanni F M Strippoli, Craig C Jonathan
- 452 Multiple analyses in clinical trials:  
sound science or data dredging?  
Sarah J Lord, Val J GebSKI, Anthony C Keech

## LETTERS

(contents overleaf)



### ARROGANCE

The purpose of the patient–doctor consultation is clear. Writing in this journal in the 1960s, psychiatrist John Ellard captured its essence: “. . . [the patient] needs to be told three things, in words that he can understand. He needs to be told what is wrong with him, what it may possibly mean in the future, and what medical science has to offer him.” In short, *diagnosis, prognosis and therapeutics*.

The 1960s was also a time of social upheaval. Not only were the ramparts of the Establishment under attack, but civil society witnessed the ascendancy of the individual “me” over the inclusive “we”. And medicine did not escape. Doctors were denounced for being arrogant, authoritarian and paternalistic. But, over time, such judgements gave way to patient–doctor partnerships and patient rights. The literal meaning of doctor — *docere* (“to educate”) — came to be actually practised, through emphatic and effective communication.

So, how are we seen today?

A recent report to the World Medical Association revealed that patients now feel more confident and empowered. Only a minority of patients in the nations surveyed (Canada, Germany, Japan, South Africa, the United Kingdom and the United States) still regard doctors as authoritarian and paternalistic, and the relationships patients have with their doctors are second only to those they have with their families. Furthermore, doctors are the most trusted source of health information.

Today, equality in patient–doctor partnerships and in decision-making rules supreme.

But, a partnership involves two people, and this prompts an obvious question: is there such a thing as patient arrogance? Doctors' arrogance has been surveyed, reported and discussed ad infinitum, but the medical literature is mostly silent on patient arrogance — arrogance that may arise from anti-scientific attitudes, patient autonomy and society's preoccupation with the “me” mentality.

Is this silence simply political correctness, or does patient arrogance simply not exist?



Martin B Van Der Weyden

### LETTERS

- Subsidised access to TNF $\alpha$  inhibitors: is the rationale for exclusion of rheumatoid-factor-negative patients defensible?**  
457 Christine Y Lu, Kenneth M Williams, Lyn March, James V Bertouch, Richard O Day  
457 Lloyd N Sansom
- The medical profession and the pharmaceutical industry: when will we open our eyes?**  
458 Tim Woodruff  
458 Linda V Gaudins  
459 Scott Masters  
459 Rosanna Capolingua
- Multicentre research: negotiating the ethics approval obstacle course**  
459 Hugh G Dickson  
460 Kerry J Breen  
460 David J Maxwell, Karen I Kaye  
460 Martin B Van Der Weyden
- Management of obesity**  
461 Gordon R W Davies  
461 Ray C McHenry, Richard W Gilhome, Chris Hensman  
461 Huy A Tran  
462 Joseph Proietto, Louise A Baur
- Thyroid testing 10 years on**  
462 Richard X Davey  
463 Jan R Stockigt
- Preventing intrathecal administration of vincristine**  
464 Peter J Gilbar, Christine V Carrington

### CORRECTION

- 437 **Prevalence and nature of connexin 26 mutations in children with non-syndromic deafness**  
(*Med J Aust* 2001; 175: 191-194)

### BOOK REVIEWS

- 448 **Project management in health and community services,**  
*reviewed by Christopher B Del Mar*
- 448 **Atherosclerosis and heart disease,**  
*reviewed by Peter L Thompson*

### OBITUARIES

- 449 John Atherton Young *by David I Cook*  
449 Jean Edwards *by Rebecca Read*

### SNAPSHOT

- 455 **Electrocardiogram artefacts caused by an abdominal electrostimulator**  
Robert F Bonvini, Edoardo Camenzind

- 410 **IN THIS ISSUE**  
456 **IN OTHER JOURNALS**

Cover image courtesy Lloyd Ellis, Senior Medical Photographer, Royal Children's Hospital, VIC