The Chronic Illness Chronicle

aka In This Issue 1 September 2003

Medical Journal caught napping with health experts

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and dared to dream.

Chew and Van Der Weyden (page 229) set the tone, with their vision of what could happen if we follow the "C's" of quality care, while Gross et al (page 233) draw inspira-

burden of chronic illness tion from Australia's past successes in public health, to assert that we have the resources (but need the political and policy resolve) to tackle the coming onslaught.

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Zajac (page 250), who has a particularly vivid dream for the hospital of the future. For a reality check on who was, is and always will be the most important person in any health-related interaction, read Bauman et al (page 253).



We are at war

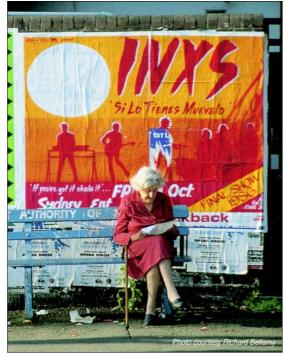
You've all seen the graphs which show our population getting older and sicker, with a widening gulf between health service demand and supply. How have we equipped ourselves to fight against this axis of evil? Nair and Finu-

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cane (page 257) explore the shifts occurring in medical education, to produce doctors who can provide holistic continuous, rather than acute episodic, care.

The federal government has introduced several initiatives to enhance general practitioners' management of common chronic conditions, but are they attuned to the real world? Veale (page 247) asks this and other searching questions

Far from the scenario predicted by Orwell, Huxley and other prophets of doom, many modern technologies have the capacity to bring people closer together. Celler et al (page 242) show how information technology will strengthen the allimportant partnership between doctors and people with chronic illnesses. And speaking of partnerships, the growing burden and complexity of chronic disease means that some new alliances between health



professionals are in order. Brooks (page 260) explains how such collaborations might work.

Sex and drugs and...

...relationships are explored by McInnes (aka sex therapist Dr Rosie King) on page 263. Chronic illness and drug therapy can profoundly affect sexual satisfaction (for both sufferer and partner). Yet doctors often feel uncomfortable about broaching the subject. Here's a practical guide on how to discuss sex according to your own level of expertise and comfort. Need we say more?

Ex-Czar, eminent editor reveal all

Allan Fels (ex-chairman of consumer watchdog, the Australian Competition and Consumer Commission) was our best regulator, according to the independent news web site, Crikey. The AMA, oil companies and others with whom he clashed may beg to differ. His high profile led to the accusation that he

was a "media tart" but, love him or hate him, his is a powerful story as father and carer of a person with schizophrenia (page 268).

Editor of the BM7's Career Focus section, MacDonald (page 267), first "came out" as having scleroderma two years ago in an editorial. As a (typical) junior

doctor on the wards, she had ignored her initial symptoms — black fingers. Later, working as a doctor while undergoing treatment, colleagues refused to work with her. While her path may not be strewn with roses, neither is it all thorns. Her Personal Perspective is a celebration of life lived to the full.

Mystery illness strikes entire family

With the current focus on the ageing population, it is easy to forget that chronic illness can occur at any time of life. We asked five experts to consider the particular issues surrounding common chronic diseases at each life stage. While the contributions on childhood (Isaacs and Sewell, page 235), adolescence (Sawyer et al, page 237), young adulthood (Dick, page 238), middle age (Usherwood, page 239)

and old age (Gray and Scott, page 241) present diverse perspectives, the need for prevention, collaboration and patient centredness is a given at any age.

If you add Indigenous status, poverty, mental illness or even rural residence into the equation, some groups of Australians fare worse than others in the illness stakes. Wilson et al consider how to even up the score on page 231.

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