



### Struth!

Medical oaths are back in fashion, having mostly languished (apart from occasional literary references to Hippocrates) in recent years. Medical schools around the world are increasingly adopting the exercise of declarations of ethical commitment by medical students. McNeill and Dowton (page 123) surveyed the use of such declarations in Australian and New Zealand medical faculties and describe the experience at their university when students were encouraged to formulate their own declarations.

Pellegrino's editorial (page 99) draws on the North American experience and discusses why medical oath-taking persists and should continue.

### Sharp v Port Kembla RSL Club

Amid much publicity, a New South Wales Supreme Court jury last year decided that passive smoking caused, or materially contributed to, the development of laryngeal cancer in a bar attendant who did not smoke. In medical science, establishing the cause of a disease is a long process that requires large numbers of patients, experimental animal models, or elucidation of the molecular processes involved. The law, however, takes a different approach. It deals with the facts of an individual case, and legal causation is determined by the "balance of probabilities" as a matter of "common sense". On page 113, Stewart and Semmler discuss the legal arguments for the plaintiff and the defence in this particular case.

### A poisoned chalice?

How's this for a New Year's resolution: "I will refuse all invitations from drug companies to be wined, dined, and accommodated in plush hotels for perfunctory seminars. And I will even buy all my own pens from now on". Too extreme, you cry? Make up your own mind with this issue's instalment of our *Clinical Ethics* series. Komesaroff and Kerridge (page 118) explain why relationships between doctors and the pharmaceutical industry matter, and quote some compelling evidence for their views.

### Dial-a-doc (or close to it)

A telephone triage service performed by nurses is described in this issue by Turner et al (page 100). This Western Australian service provides callers from anywhere in the State with advice on whether, when and where they should seek medical attention, 24 hours a day, seven days a week.

Is such a service a welcome addition to healthcare delivery? This initiative follows the lead overseas, where similar services certainly appear popular. Roland gives his verdict in a linked editorial (page 96) which describes the UK experience. After examining key issues such as safety and cost-effectiveness, he wonders whether doctors should be the ones to perform this service...

### Spine-tingler

This issue's *Notable Case* (page 111) describes an emergency procedure that is not (yet) in common use — endovascular stent-graft repair of a thoracic aortic injury — which led to a patient's full recovery from an

incomplete spinal injury after a high-speed motorcycle crash.

### Good news stories

In *Lessons from Practice* (page 128) we find that a condition usually thought to be too dangerous for surgery (amiodarone-induced thyrotoxicosis) is amenable to thyroidectomy — definitely good news for those patients who have thyroid disease refractory to medical therapy.

### Special women's problems

In the 1970s, standard management of women with intellectual disability who were in institutions often involved surgical sterilisation. However, without authorisation from the Family Court or Guardianship Board, it is now unlawful to perform such a procedure in someone who cannot give informed consent.

So, how are the contraceptive and menstrual concerns of women with significant intellectual disability managed these days? Grover (page 108) sought to find out among such women under her care.

### Is your diabetes for real?

Everyone agrees that an epidemic of type 2 diabetes is emerging, but there is nearly as much disagreement on how to screen for this disease. Is a fasting plasma glucose level enough, or is an oral glucose tolerance test also needed? Hilton et al (page 104) use data from the Australian Diabetes Screening Study to determine who would be diagnosed with diabetes by each approach and who would be missed. Guidelines for diagnosing diabetes are soon to be released by the National Health and Medical Research Council, and Colagiuri (page 97) previews these for us.

### Another time ... another place ...

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