

IN THIS ISSUE

Journey outback

This issue of the Journal coincides with Rural Health Week (May 19–25) and National Sorry Day (May 26). To mark these events, we have taken the "journey of healing" into the "outback" for a look at some aspects of both Indigenous and rural health. According to Australian author Jocelyn Burt, "There is no specific boundary to the outback: some even say it begins and ends in our minds." Wakeman and Humphreys (page 457) agree that the bush sometimes defies definition, but they argue that rural health nonetheless deserves our attention. Meanwhile, Henderson et al (page 482) describe their experiences conducting research in and with Koorie communities in rural Victoria. A collaborative approach has led to some well-defined ground rules.

Dialogues re dialysis

The organisers of this year's Sorry Day are trying to create opportunities for Indigenous and non-Indigenous people to communicate, in many cases through telling "stories". Communication between non-Indigenous healthcare workers and Indigenous patients in a Darwin dialysis unit is the focus of a study by Cass et al. Patients, staff and interpreters were involved in a painstaking deconstruction of a

series of interviews. Their findings are presented on page 466.

Aside from the obvious human costs, end-stage renal disease consumes financial resources. You et al (page 461) have determined the cost of dialysis in the Northern Territory's "Top End", and predict that the problem can only get worse.

Bush doctors and urban myths

No MJA issue featuring rural practice would be complete without discussing the shortages in the rural medical workforce. Most studies have examined recruitment, but we know less about what makes doctors stay in rural practice. The 677 GPs in rural and remote Australia surveyed by Humphreys and colleagues (page 472) gave some interesting insights into which professional, social or community factors influenced their decisions to stay. And what about for consultant physicians? Simmons et al (page 477) quizzed both rural and urban Victorian physicians on the barriers to rural practice. Some of the responses dispel myths about rural physician practice and are also quite different from those of their GP colleagues.

Suffer the children

Recently, religious and educational organisations in Australia and the United States have been taken to task over failure to act on allegations of child sexual abuse in their midst. Andrews et al deplore abuse in these settings, but remind us that it represents the tip of the iceberg, and that most cases are never reported. On page 458 they present some information from their recent review of the size of this problem in Australia, and of the damage it does to those affected.

Where there's a will

...there's a way, say McCarthy and Garrow. They bring their considerable knowledge and experience (gained from their involvement in a successful hookworm control program in a remote Indigenous community) to bear on a national parasite elimination strategy (page 456).

Warm turkey and sympathy

According to Peters and Morgan, almost all patients who are trying to quit smoking should be offered some sort of pharmacological therapy, but the chemical fixes work best with counselling and follow-up. For a guide to the alternatives and how to use them, see *New Drugs, Old Drugs: the pharmacotherapy of smoking cessation* (page 486).

Dicing with death

In Adelaide, several more young people have died after taking amphetamines. This time the culprit is paramethoxyamphetamine ("death"). In reporting these cases, Byard et al (page 496) express concern that the drug is being deliberately promoted as an adjunct to the better-known (and probably less toxic) "ecstasy".

Back in the dock

A recent study involving Australian GPs suggested that many have difficulty with the language of evidence-based medicine. Enter our occasional series *Trials on trial*. In this instalment, Gebski et al (page 491) explain the importance of objectives and outcome measures, and Gowing et al (page 493) work over a trial which examined four different drug regimens for the treatment of opioid addiction.



Photo courtesy Dan Armstrong