



Cerebral masquerade

Red herrings abound in the **Diagnostic Dilemma** presented by Chatterjee et al (*page 505*), involving a woman with flu-like symptoms and deteriorating consciousness.

Born-again AF?

Restoring sinus rhythm to patients with atrial fibrillation (AF) used to be the maxim. However, two recent randomised trials show that allowing AF to continue, but at a controlled ventricular rate, may be better for some, says Kilborn (*page 480*).

Beautiful minds

What do your stock market speculations and gambling habits have to do with your clinical decision making? Cox draws some parallels (with the help of a Nobel Prize Winner in Economic Sciences) on *page 510*.

Palliating with care (and evidence)

National Palliative Care Week (25 – 31 May) is a chance to reflect on the doctor's role in caring for dying patients. Barbato (*page 508*) presents the paradox behind helping patients prepare for death: in doing so, we not only assist in their healing but "heal a part of [ourselves] . . . uncomfortable with death".

Care for the dying at home has been made easier with syringe drivers that allow medications to be infused subcutaneously. However, this is offset by the limited viability of cannulation sites, which have to be changed every few days. Raymond et al (*page 486*) undertook a randomised controlled trial to test whether adding dexamethasone to syringe drivers extended the viability of cannulation sites.

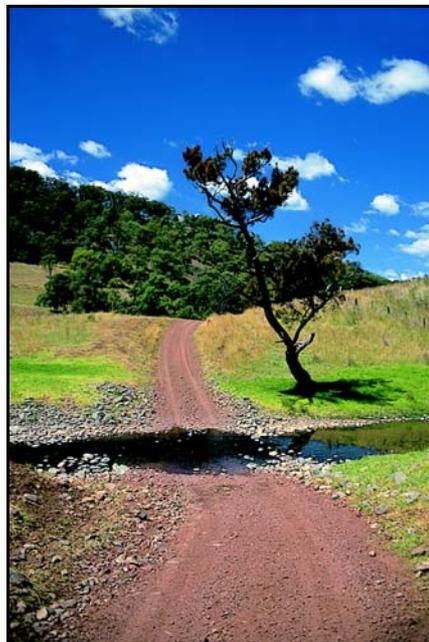
SARS from the frontline

As the SARS crisis unfolds before his eyes, an Australian doctor reports from his vantage point as Chief of Service, Trauma and Emergency Centre, at a Hong Kong hospital (*page 512*). From the moment hospital administration "commandeer" his ED observation ward for staff who have fallen ill, to the drama of a stakeout as both investigator and target, he describes the realities behind a mystery illness that smites a whole hospital.

A linked editorial (*page 478*) by Cameron and his colleagues spells out the lessons for Australia if our healthcare system is not to be similarly paralysed by an epidemic that has particularly threatened health professionals.

If these articles sound familiar, you might have already read them online. In a first for the *MJA*, they were

 fast-tracked through our new rapid publication process (see http://www.mja.com.au/public/rop/contents_rop.html) and published online, ahead of print, on 21 April.



Indigenous doctors and the health dividing range

National Sorry Day (May 26) and National Reconciliation Week (May 27 – June 3) are coming up. Despite a

large amount of goodwill, last year's Reconciliation Report Card revealed that the practical continues to lag behind the symbolic: "True reconciliation will have been achieved when Indigenous children have the same life expectancy and opportunities as other children." In this issue, Kong, an Indigenous doctor from the Worimi mob, recounts his journey through medical school to a surgical career (*page 501*).

Peachey's **Viewpoint** (*page 503*) explains why our profession needs to take the lead in diverse issues related to sovereignty and treaty, as well as education and infrastructure.

Two research papers take up this gauntlet. Clues to the elevated risk of coronary heart disease in an Aboriginal population lie in vascular and inflammatory markers, say Rowley et al (*page 495*). Their findings add to the call for broader, societal measures.

Indigenous children in remote communities are prone to chronic suppurative lung disease. As a step towards reducing such morbidity, Chang et al (*page 490*) determined whether predischARGE chest x-rays for children hospitalised with alveolar lobar x-ray changes could predict chronic respiratory disease.

Action plan inaction

Written asthma action plans enabling patients to recognise and act on worsening asthma symptoms are integral to the National Asthma Campaign. Yet, how many patients with asthma actually have one? The news from a South Australian population survey by Wilson et al (*page 483*) is not encouraging. There's good reason for this, say Walters and colleagues (*page 477*), and action plans are no quick fix.

Another time ... another place ...

But however secure and well-regulated civilized life may become, bacteria, Protozoa, viruses, infected fleas, lice, ticks, mosquitoes, and bedbugs will always lurk in the shadows ready to pounce ...

Zinsser, Hans. Rats, lice, and history, 1963