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Fun in the sun?

Enjoying the Aussie summer? Reading this on the beach? From the pallid halls of the *MJA* we feel bound to remind you of the perils of your favourite pastime. Northern hemispherians — count your blessings.

Skin screening story

The jury is still out on whether regular total-body skin screening in general practice will prevent deaths from melanoma. In preparation for a randomised trial addressing this issue, Janda et al (*page 10*) surveyed regional Queenslanders on their skin screening experiences.

Skin snip versus no snip

Are we more reluctant to excise pigmented lesions in certain patients, and do our own characteristics influence our excision rate? As part of a trial in Perth, English and colleagues (*page 16*) identified factors in both doctor and patient that were associated with excision of benign, as opposed to malignant, lesions.

Slop, slop, slop

According to Taylor (*page 36*), people generally apply far less sunscreen than the amount needed to provide the advertised sun protection factor. He makes the case for more informed choice among sunscreen users.

Travel insurance: promises, promises...

You're alone, sweating profusely, with severe chest pain radiating down one arm. You manage to find a phone, call for help and are told to fax through your ECG! While phone

encounters with call centre staff can be trying at the best of times, they can be downright dangerous at 3 am on a remote Pacific island when you need emergency medical advice and assistance from your travel insurer. Grace and Penny (*page 32*) furnish us with reports of poor service by travel insurance and medical evacuation companies, and make recommendations for better standards and travel advice.

A venomous world

If you're bitten by a snake in Sri Lanka, you can expect a bumpy road to recovery. The snake antivenom used there carries a 60%–80% chance of anaphylactic or pyrogenic reactions. Various empirical treatments are used to prevent these reactions, but their effectiveness is unproven. The randomised controlled trial reported by Gawarammana et al (*page 20*) will go some way towards providing Sri Lankan doctors with the guidance they need. However, according to Cheng and Winkel (*page 5*), the problem of antivenom quality is overshadowed in a global sense by the fact that no antivenom of any kind is available in many snakebite-prone parts of the world.

Photo courtesy Anthony North



The 21st century healthcare worker

Older, more specialised, often (re-)training, and wanting flexible work-life choices — that's the description of our future workforce, delivered at the conference of the Health Leaders Network, *Designing the health workforce for the 21st century*. So how do we prepare for such challenges while developing a sustainable workforce? The conference turned to other industries for lessons learnt in recruitment, retention, safety and quality (*page 7*).

Camping with the enemy

Although the WHO officially declared Australia malaria-free in 1983, malaria can still be acquired locally, although this is rare. Ten adults who stayed at a camping ground in Far North Queensland developed malaria after a man with imported *Plasmodium vivax* malaria camped there (Hanna et al, *page 24*). The culprits were infected mosquitoes, many of which were trapped near a creek and the toilet block. The moral of the story: mosquito repellent makes for happy campers.

Lessons in pain

Diagnostic challenges arise from two cases in this issue. The young man described by O'Leary et al (*page 29*) has just returned from Vanuatu with pleuritic chest pain. The cause of his illness proves elusive and things take a turn for the worse when he develops renal and respiratory failure, rhabdomyolysis and cardiac arrhythmia.

Another young man has back pain, fever and a more fortunate outcome. As Van Hal and Post report (*page 40*), his treatable condition demonstrates the importance of taking a sexual history.

Another time ... another place ...

Slip! Slop! Slap!

*Sid Seagull and son Sam
Anti-Cancer Council of Victoria, 1980*