



## Action on allegations

What we should have learnt from the recent "Hall affair" (involving alleged research misconduct at UNSW), comments *MJA* Editor Van Der Weyden (*page 149*), is crucial for maintaining public trust in research integrity.

## Patchy information

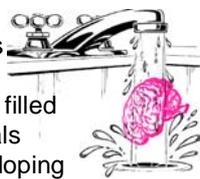
Australian surgeons who used the cadaveric dura mater product Lyodura between 1972 and 1987 had no idea that it was transmitting a fatal disease to a tiny minority of their patients. The first case occurred in the US in 1987. Australia has seen five cases so far, but, as Brooke et al discovered (*page 177*), determining how many Australians have been exposed is no mean task.

## Home brewed

On the home front, the relatively uncommon but serious cases encountered by Chandra et al (*page 182*) teach us some valuable lessons from their delayed diagnoses; and the continuation of our *Practice Essentials – Endocrinology* series (Topliss and Eastman, *page 186*) gives us the latest on management of hyper- and hypothyroidism.

## Brain drain "solves" our crisis

Our gaping shortage of healthcare workers (particularly in rural areas) is being partly filled by skilled professionals emigrating from developing countries. Our politicians encourage this, and the *Medicare Plus* package will perpetuate it. Yet don't the source countries need them even more? There are ways to minimise the harm and maximise the benefits of skilled migration, say Scott et al (*page 174*).



# Scaling up war against death and disease

Around the world in 2000, 11 million children died before their fifth birthday, half a million women died in childbirth, 3 million people died of HIV/AIDS and 2 million of TB — that's over three-quarters of Australia's total population. So it's understandable that most of this issue is devoted to global health, but why our foray into foreign policy as well?

Events like September 11 and the SARS outbreak have shown us how easily global chain reactions can be triggered. They also show the inextricable links between health and socioeconomic inequity, conflict and political instability. Globalisation "is all about interconnections . . . among people; across states . . . between greed and grievance," says ex-UN adviser Ruggie.

The UN Millennium Development Goals are part of the fight against poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women. Most are inter-linked. In fact, as the Ghanaian Health Minister puts it, "if you educate a man, you educate an individual, but if you educate a woman, you educate a whole nation . . . I call female empowerment the mother of all Millennium Development Goals." But we're falling way short of reaching these goals by the target date 2015, another reason the *MJA* is bringing these issues to the forefront.

## Coalition of the willing

Conference delegates made practical recommendations for further action (*page 166*), which included creating an Australian coalition for global health (Reid, *page 167*).



## Troops join forces in Sydney

The disparate (or should that be "desperate") worlds of health and foreign policy were brought together at high-level talks last year by the Nuffield Trust (UK) and the Universities of New South Wales and Sydney, giving impetus to most of the articles in this issue (see Zwi et al, *page 152*).

## Weapons of mass distraction

The official party line is that globalisation and trade treaties are good for health. But Lee's useful guide to the pros and cons of globalisation (*page 156*) and Labonte's work for a Royal Commission on the future of Canadian healthcare (*page 159*) show that things ain't necessarily so. Developed countries have done well, but poverty and ill-health remain rife elsewhere. Canadian and UK pledges to the UN

Global Fund against AIDS, TB and Malaria were (nearly) equivalent in cost to a cup of coffee per person per year, while Australia's shout is precisely zero.

## Human rights law

Actually, Australia itself has none, says Reid (*page 163*), and we've recently voted against international moves to enforce human rights. But, as signatories to the UN Charter, we are obliged to protect human rights, which include the right to health.



## Self-interest rules OK?

Two well-qualified exponents debate whether marrying foreign policy with health can work: Harris, former head of Australia's Department of Foreign Affairs and Trade, and McInnes, former special adviser to the UK House of Commons Defence Committee. Both point out that the first priority of foreign policy is the national interest, and that wedding health to it has pitfalls. It may work better if health professionals specify the priorities and engage with foreign policymakers, says Harris (*page 171*), while McInnes argues for a more humanitarian approach to foreign and security policy (*page 168*).