

# IN THIS ISSUE

## Desperately seeking...

At the end of a long day in general practice a new patient turns up, acting agitated but overfriendly. With a sinking feeling you realise that an inappropriate request for drugs will end in a confrontation ... No GP relishes this situation, but, like most behaviours, "doctor shopping" can mean many things. According to Martyres et al (page 211), escalating doctor shopping may be a cry for help in young heroin users. Kamien (page 204) says the study's findings underscore the importance of providing GPs with a rapid means of "diagnosing" doctor shoppers — for their own good!

## Starving for choice

Recently, asylum seekers in Nauru sustained a hunger strike for almost a month. In Australia, the Department of Immigration and Multicultural and Indigenous Affairs can instruct (but not compel) doctors to force-feed such protestors. Would you comply? Kenny et al's thoughtful exposition of the ethics and legalities (page 237) might help you make up your mind.

## The dynamics of statins

More Australians than ever before are on lipid-lowering medications — statins alone cost the Pharmaceutical Benefits Scheme over \$800 million last year. But cardiovascular risk is not distributed evenly throughout the population; nor is statin prescribing. Stocks et al (page 229) used prescription and demographic data to determine whether statins are getting to the people who need them most.

## Mouse spiders

Your patient attends with the culprit in a jar — a big black (squashed) spider that looks a bit like a funnel web. How dangerous are mouse spiders? Isbister used all known sources to find out (page 225).

## Keep out

During the outbreak of severe acute respiratory syndrome last year, Australia was among a handful of countries to screen incoming passengers for signs of the disease. Was it worth our while? Yes and no, say Samaan et al, whose evaluation of the exercise appears on page 220.



## Seeing it through

In the same way that death is one of life's certainties, care of dying patients will remain a part of general practice. Yet Mitchell et al believe that the pressures of practice and the advent of palliative care as a specialty have caused some GPs to step back from this aspect of care. On page 207 they provide some role definition and advice on overcoming the barriers to GPs' participation in palliative care.

## Kids' consultations

The study by Charles et al on page 216 provides more evidence that general practice is changing. Using three national datasets, they compared childhood illness and management patterns in three time periods, spanning 1971–2001.

## The change experts

Much has been said about getting research evidence into practice, with doctors often in the firing line for their seeming intransigence. A forthcoming supplement from the National Institute of Clinical Studies will examine this issue but, for a start, say Sanson-Fisher et al (page 205), if you want to know how to change behaviour, ask a behavioural scientist.

## Managing well

Osteoarthritis (OA) makes it onto the list of the top 10 problems managed in general practice — and we all know that many of our patients are quietly living with OA-related pain and disability. Forget the hype surrounding some of the current therapies. On page 232 Grainger and Cicutini provide a balanced and sane approach to hip and knee OA.

## Thyroid lumps and bumps

What should you do when a patient presents with a "lump in the neck" or, as increasingly happens these days, a thyroid nodule is discovered fortuitously on ultrasound? Mackenzie and Mortimer tackle these and other questions (page 242) in our **Practice Essentials: Endocrinology** series.

## Musculoskeletal Supplement

We're well into the Decade of Bone and Joint Disease, and moves are afoot in Australia to ensure that the Decade lives up to the rhetoric. The supplement with this issue details some important new initiatives, including a registry of all joint replacements, which will be invaluable in guiding future practice.

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

*Imperative drugging — the ordering of medicine in any and every malady — is no longer regarded as the chief function of the doctor.*

*Aequanimitas, with Other Addresses,  
"Medicine in the Nineteenth Century"  
Sir William Osler, 1849–1919*