LETTERS

Bulk-billing GP clinics did not significantly reduce emergency department caseload in Mackay, Queensland
Dale W Hanson, Herbert R Sadlier, Reinhold Muller 594
Ian F Knox 594

What explains falling asthma mortality?
Elizabeth J Comino 595

Central venous catheters: optimal patient care or convenience?
John R Gowardman, Maria Brosnan, Joy Whiting, Peter Collignon 595

Q fever in children: an emerging public health issue in Queensland
Jennifer H Barralet, Neil R Parker 596

Border screening for SARS
Nicola Petrosillo, Vincenzo Puro, Giuseppe Ippolito 597

Using AUDIT to classify patients into Australian Alcohol Guideline categories
Julia E Fawcett, Anthony P Shakeshaft, Mark F Harris, Alex Wodak, Richard P Mattick, Robyn L Richmond 598

Acute liver failure associated with the use of herbal preparations containing black cohosh
Michael Thomsen, Luis Vitetta, Avni Sali, Matthias Schmidt 598
Fiona J Cumming, Larry Kelly 599

BOOK REVIEWS

Restoring humane values to medicine. A Miles Little reader
Reviewed by Sylvia R Cruess 572

Dorland’s illustrated medical dictionary. 30th ed
Reviewed by Ann T Gregory 586

FILM REVIEW

Super size me
Reviewed by Ann T Gregory 590

SNAPSHOT

Aortic dissection in Turner syndrome
Colin I Clement, John Brereton, Phillip Clifton-Bligh 584

IN THIS ISSUE . . .
546

IN OTHER JOURNALS . . .
592

LEISURE AND THE 4C’S

Despite its love affair with high technology, modern medicine is still defined by the patient–doctor relationship and its 4C’s: competence (that is sustained by lifelong learning), communication (that is clear and two-way), care (that is caring), and choice (the patient’s freedom to choose).

But in the hurly-burly of modern life, the 4C’s are frequently tested. At times, the patient’s choice may seem odd. At other times, professional competence may be wrongly questioned or patients’ expectations become unduly burdensome.

William Carlos Williams, the US author and physician, details such an experience in A face of stone, in which he describes how a particular couple provoked his anger. In desperation, Williams had made repeated requests that he not be disturbed every time “the kid gets a belly ache”.

“… And sure enough, on a Sunday night, about nine o’clock, with the thermometer at six below and the roads like a skating rink, they would call me.

Nothing doing, I said.

But Doc, you said you’d come.

I’m not going out there tonight, I insisted. I won’t do it. I’ll ask my associate to make the call or some good younger man that lives in that neighborhood but I won’t go over there tonight.

But we need you Doc, the baby’s very sick.

Can’t help it. I tell you I’m not going. And I slammed up the receiver.”

Williams recognised that incessant intrusion into a doctor’s private life sorely tests the patient–doctor relationship. Time away from patients is crucial to the health of that relationship — a need for leisure, simply echoed in the words:

“A poor life this if, full of care,
We have no time to stand and stare.”*

Martin B Van Der Weyden