

IN THIS ISSUE

Remote possibilities

We know that Australians living in rural areas are less likely than their urban compatriots to survive cancer, but is this due to late diagnosis, treatment differences, or some other factor? Jong et al (page 618) analysed NSW data to find out.

All babies with suspected congenital heart defects in the vast and sparsely populated region of Central Australia are referred to Alice Springs Hospital for investigation. Concerned that they were seeing more cardiac abnormalities than they should be, Bolisetty et al (page 614) calculated the rates for the region.

Flu lessons

This familiar enemy struck at two Melbourne aged-care facilities in the same year, leaving a trail of disease, debilitation and death among residents, visitors, staff and even public health investigators. From this disaster, Guy et al (page 640) formulate some useful lessons for those at the front line.

Looking at lifelines

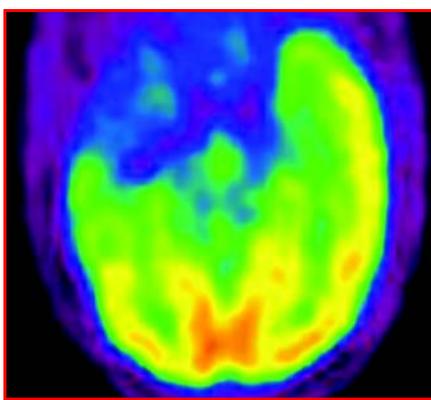
"Do you need help?" asks the sticker behind the toilet door, the writing on the back of the cereal packet or the flashing icon on the computer screen. Hundreds of thousands of Australians use telecounselling, and now web counselling, services every year. How can we get the most out of these important resources? Christensen et al were in the reference group for a government-commissioned review of these services. On page 604 they report its findings and implications.

Stem cells and spinal cord

The idea of transplanting stem cells to repair an injured spinal cord is creating great hope where previously there was none. But how far along are we in the development of this new technique? Rosenfeld and Gillett (page 637) extend a word of caution.

Planning for spontaneity

In a busy day in clinical practice, a 5-minute window of opportunity arises for you to do some teaching with your interns. The third *Teaching on the run* tip from Lake and Ryan (page 643) gives good advice on how to get the most out of a serendipitous tutorial.



The War of the Worlds

We don't expect the debate in this instalment of our *Complementary and alternative medicine* series to cause the mass hysteria of Orson Welles' famous radio play about Martians invading Earth. And, while complementary medicine practitioners work differently to conventional doctors, they're probably not an alien species either. But could we ever work together? Dwyer (page 647) and Cohen (page 645) go head-to-head on this issue.

Another point of contention in the Journal involves the thrombolytic agent tissue plasminogen activator (tPA). tPA is approved for use in Australia in patients with ischaemic stroke who have had symptoms for less than 3 hours. In a position statement from three different stroke organisations (page 634), Levi eloquently answers the question of why "so much is being made of so little".

The trouble with technology...

...is that, like lunch, it doesn't come free. And so begins the saga of funding for positron emission tomography (PET), and Ware et al's crusade to set the record straight on what they believe was a flawed assessment of the effectiveness and cost-effectiveness of this technology by the Medical Services Advisory Committee (page 627). On page 633, Davies, from the Department of Health and Ageing, is given right of reply. In a similar vein, Cokis and Faris, in *Letters* (page 650), mourn the decision to limit funding of transoesophageal echocardiography in cardiac surgery.

So, does the rhetoric of evidence-based policymaking actually have much influence on the final product? Van Der Weyden and Armstrong (page 607) wonder how it can.

Breathing problems

When your patient arrives back from the lung-function lab with a report suggesting airway obstruction with significant bronchodilator reversibility, what does it actually mean? Borg et al (page 610) surveyed Australasian labs to see how they operate.

So, if lab standards are variable, should you purchase a spirometer and do your own testing? While that would be ideal, say Jenkins and Young (page 605), we need to get our methods and definitions straight first.

E-NOF already

Often cited as one of the expensive side effects of population ageing that will bring the nation to its knees, the epidemic of hip fracture may be abating. Boufous et al (page 623) have done the maths for NSW, so, before you plan those children, hold off. Their taxes may not be needed to repair your fractured neck of femur.

Another time ... another place ...

Modern health preoccupations have spawned a new health mysticism, spurred by big companies which profit from vitamin sales and public health preoccupation.

Roy Porter, The greatest benefit to mankind: a medical history of humanity. 1997