

POSTMORTEM CARE

Each year, death claims about 0.6% of the Australian population, 70% of which occur in the 70-plus age bracket. With such detached language, death seems remote and non-threatening. However, should we state that almost 130 000 young and old Australians will die each year, and that this number is set to soar in our ageing population, then death becomes much more confronting. We are reminded of the implicit truth embodied in Thomas Mann's axiom that "A man's dying is more the survivors' affair than his own."

In the distant past, the spectre of death was wrapped into the very fabric of life, but this is no longer the case. Philippe Aries, in *The hour of our death*, his epic historical analysis of the social meaning of death, notes that in the 20th century "Death has ceased to be accepted as a natural, necessary phenomenon. Death is a failure, a 'business lost'."

Armed with sophisticated technology, pharmaceuticals, human skill and humane care, battles are daily waged against death, in operating theatres, intensive care units and other specialised facilities. During such battles, communication between doctors, family and friends are inclusive, intensive and regular, but, with death, the doctors suddenly disappear. The connections are fractured and communications abruptly end. The bereaved are left to cope as best they can.

Do our professional responsibilities extend beyond death? How many doctors conduct post-loss meetings with relatives? How many attend the funerals of their deceased patients? How many write letters of condolence to the bereaved family? Idealistic ideas? Maybe. But with the increasingly aloof and disengaged face of modern medicine, the time is long overdue to engage in humane gestures in caring for the living after a death — *postmortem care*.


Martin B Van Der Weyden

LETTERS

- Japanese encephalitis acquired near Port Moresby: implications for residents and travellers to Papua New Guinea**
282 Joshua P Hanson, Carmel T Taylor, Ann R Richards, Ina L Smith, Craig S Boutlis
- New recommendation on Japanese encephalitis vaccination for travellers to Papua New Guinea**
283 George Rubin, Jeanette Baird, on behalf of the Australian Technical Advisory Group on Immunisation (ATAGI)
- Smoking cessation and elective surgery: the cleanest cut**
283 Darryl J Hodgkinson
283 Nicholas A Tonti-Filippini
284 Matthew J Peters, Lucy C Morgan, Laurence Gluch
- Smoking and pregnancy**
285 Jessica H Ford, Annette J Dobson
- Androgen deficiency and replacement therapy in men**
286 Adam P Morton
286 David J Handelsman, Jeffrey D Zajac
- Treatment of osteoporosis: why, whom, when and how to treat**
287 BE Christopher Nordin, Allan G Need
287 Ego Seeman, John A Eisman
- Unexpected infant death: lessons from the Sally Clark case**
288 John M N Hilton

OBITUARY

- 268 **Sukhi Chand** by A Denis Campbell

BOOK REVIEW

- 270 **Understanding health. A determinants approach** reviewed by Ian W Webster

SNAPSHOTS

- Hypertrophic osteoarthropathy from pulmonary metastatic phyllodes tumour of the breast**
279 Fiona J Collinson, A Michael Bilous, Richard F Kefford
- Outside the pyramid**
280 Stephen Leeder

234 IN THIS ISSUE

259 BOOKS RECEIVED

281 IN OTHER JOURNALS



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