

ZERO TOLERANCE TO VIOLENCE IN HEALTH CARE

The statistics say it all: one Australian health worker is murdered each year and many are verbally abused, assaulted or bullied. In one ED, a nurse was threatened with a knife and a registrar kicked in the throat, in separate incidents recounted in one of several articles on violence in health care. Its author (Kennedy, *page 362*) describes violence in the ED as reaching epidemic levels, and examines the reasons for this, with the strategies emerging to curb it.

GPs are no strangers to occupational violence either, say Magin and colleagues (*page 352*): nearly two out of three GPs in their survey had experienced violence in the past year.

To increase our understanding of the factors contributing to violence in health care, Benveniste and colleagues (*page 348*) present data on violent incidents gathered by the Australian Incident Monitoring System.

How do we deal with the conflicting tensions of a duty of care to patients and the right to a safe workplace? Staff at one Melbourne hospital show the way, illustrating with case vignettes the strategies they devised (Forster et al, *page 357*).

Mayhew and Chappell's editorial (*page 346*) points out that all strategies to curb workplace violence should be multifaceted and organisation-wide. They also encourage health workers to consider the full range of strategies including those that have been evaluated in other industries.

RATTLING BONES AND GOVERNMENTS

New therapies such as autologous stem cell transplantation and targeted therapies (including thalidomide) have improved the outlook for myeloma, as described in Joshua's editorial (*page 344*).

Mandatory fortification of flour with folate has been of clear benefit overseas. So why aren't we doing it here, ask Maberly and Stanley (*page 342*).

GETTING DOWN AND DIRTY WITH THE NHMRC

The NHMRC gets an extreme makeover in this issue. Its critics have described it as "arthritically conservative" and bloated by bureaucracy, a 21st century anachronism. Van Der Weyden casts his eye over these accusations in an editorial. His verdict? This body needs to shed weight. Meet the new (imaginary) national health and medical research dynamo, svelte and toned, on *page 340*.

HOSPITAL TASKS GO HI-TECH

Patients who forget their hospital outpatient appointments are one reason for long clinic waiting lists. Downer and colleagues (*page 366*) decided to capitalise on our enthusiastic adoption of the mobile phone to see if sending patients SMS text message reminders would improve outpatient attendance.

A letter in this issue describes another innovative use of SMS, with automated notification of the Eye Bank of South Australia of potential corneal donors (Herriot, *page 391*).

Something else that could often function better is the handover between junior doctors going off-duty and staff relieving them. A Victorian hospital developed an electronic handover system for its junior surgical staff, described by Cheah and colleagues on *page 369*.

MEDICAL ABORTION

Worldwide, millions of women each year seek to terminate unwanted pregnancies through unsafe means. Thousands die in the attempt. This recently prompted the WHO to add mifepristone and misoprostol (known in combination as the abortion pill, RU-486) to its list of essential medicines for developing countries. Although surgical abortion is readily available in Australia, De Costa (*page 378*) argues that there are good reasons to make this safe and effective means of abortion available here.



MJA TAKES UP NATIONAL OBSESSION

A new *MJA Practice Essentials* series on Sports Medicine blasts off the blocks in this issue. On *page 383*, Series Editors-cum-coaches Orchard and Brukner give us the rationale for the series we had to have, with a focus on the new, the controversial, and the practical.

Paoloni and Orchard (*page 384*) kick off the main events with an evidence-based review of what works and what doesn't among the medications used to treat sports injuries. NSAIDs take a seat in the reserves, while some new drugs (or innovatively used old ones) may shoulder their way into the team.

SWEET STATEMENT

The Australasian Diabetes in Pregnancy Society has released consensus guidelines for managing diabetes in pregnancy. Its summary appears on *page 373* and covers type 1 and type 2 diabetes, as well as the gamut of management from preconception through to post-partum stages.

ANOTHER TIME ... ANOTHER PLACE

Rapid and simple abortion referral must be readily available through state and local public health departments, medical societies, or other non-profit organizations.

American Public Health Association, 1970