

HOW TO BE GOOD

It's been a bad year for the public image of medical researchers, with several high profile international scandals involving fraudulent research being reported in major journals. Australia is not immune to research misconduct, and Australian minds have been working on an Australian code for the responsible conduct of research. The resulting NHMRC/ARC/AVCC draft document is now open for public consultation. Van Der Weyden has his say on the problem, and the draft code, on *page 430*.

HOSPITAL IN THE NURSING HOME

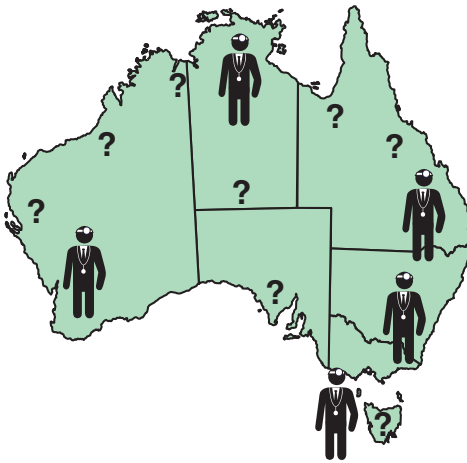
Most Australian aged care facilities (ACFs) are not staffed or equipped to deal with acutely unwell residents. Stories abound about inappropriate transfers to hospital emergency departments and the corollary of bed shortages and access block. However, the true picture is far more complex and less exciting, as Finn et al discovered when they audited all the transfers from Perth ACFs to their hospital (*page 432*). Most, agrees Kurrle (*page 427*), were appropriate. But innovative schemes do exist, in some Australian sectors, to allow ACF residents with more complex needs to be cared for "at home".

SIDESWIPED

Remember when life was a little slower, smoking was normal, unending sunshine was healthy and cars had no air conditioning? It wasn't unusual to see an elbow poking laconically through the window frame of the car in front when you pulled up at the lights. However, it became apparent a few decades ago that anything protruding from a moving vehicle was likely to be knocked off and elbow-airing was eventually outlawed in all states. Western Australian orthopaedic surgeons Kinzel and colleagues noticed recently that they were still treating sideswipe injuries to the elbow. Their descriptive case series on *page 447* makes no bones about the severity of the damage.

A GOOD PAIR OF LUNGS

Up to 100 lung transplants are performed in Australia each year. The 5-year survival rate is 50% and survivors will need lifelong treatment with immunosuppressant drugs. While celebrating the publication of a trial of the use of inhaled cyclosporin in lung transplant patients in the *New England Journal of Medicine*, transplant doctors Snell et al ponder the requirements for funding of novel drugs for their patients on *page 428*.



THE YOUNG DOCTORS

In the past few years we've realised in Australia that we need to rapidly expand the medical workforce to meet future demand. There are now five new medical schools churning out graduates, and active strategies to recruit more doctors from overseas. But will this be enough to offset the effects of the retiring baby boomers and the reluctance of subsequent generations to work punishing hours? Joyce et al *page 441* have used novel methods to discover the answer: yes and no.

When these new doctors hit the wards we will need to be ready to train them but, unfortunately, no formal system of prevocational training for hospital doctors currently exists in Australia. Dent and colleagues' survey of junior hospital doctors (*page 436*) should start the ball rolling by identifying some of this group's educational needs.

ETERNAL VIGILANCE

In Australia's multicultural melting pot (and despite our obstacle-strewn immigration system), we need to be aware that uncommon infectious diseases may occasionally slip through the net and into our practices, as several letters in this issue demonstrate. Phillips and Patel (*page 473*) and Thorley et al (*page 474*) harbour concerns that the introduction of some of our newer vaccines might leave some members of the community vulnerable; van Hal and Hudson report the unlikely occurrence of leprosy in a town in rural NSW (*page 473*); and Sutor and Feller describe how a nasty case of cholecystitis in a returning traveller turned out to be a rickettsial disease on *page 475*.

AN UNFORTUNATE RESEMBLANCE

The subject of research funding is compulsive reading for our many readers who are researchers. On *page 463*, Shewan and Coats discuss the proposed Australian Research Quality Framework (to assess the quality and impact of existing research in preparation for another round of funding). The new system looks suspiciously like the one used in the United Kingdom, which is expensive and unwieldy and is now being amended.

SLOWING THE OCULAR CLOCK

The main risk factor for age-related macular degeneration is exactly as the name suggests — advancing age: 60% of 90-year-olds will have some degree of visual impairment from this condition. While recent media reports have focused unhelpfully on the far from proven theory that the vegetable fat in margarine may accelerate AMD, there are a few well established modifiable risk factors and a few other general principles that are worth remembering, as outlined by Guymer and Chong (*page 455*).

ANOTHER TIME ... ANOTHER PLACE

When you get older and enter the world of medicine, the good news is that you meet a lot of people. The bad news is that almost all of them are doctors ... When you're 66, you see more of them than members of your family.

Eugene Shapiro, 1985