

FACING UP TO CLIMATE CHANGE

The morning after the recent federal budget announcement, a *Sydney Morning Herald* letters contributor wrote wily, “Eagerly I looked to today’s headlines, hoping for ‘Govt decides Earth worth saving’, or ‘Entire surplus to fund renewable energy’. Alas, the state of denial over climate change persists.” And, seemingly, it does. In this issue, Woodruff et al issue a challenge to our government to do much more, much sooner about the impending health crisis that climate change will bring (page 539), while Kefford (page 582) draws on examples of past, successful campaigns to urge doctors to use their collective influence to hasten the action to reduce greenhouse gas emissions.

EDITORS: INDEPENDENT OR UNEMPLOYED?

Back in February, the stable and serene world of medical editing was rocked by the sackings of the Editor-in-Chief and Deputy Editor of the *Canadian Medical Association Journal* (CMAJ). As the name suggests, CMAJ is owned by the Canadian Medical Association. The sackings have been widely attributed to an ongoing dispute between the editors and the association, regarding control of journal content. So is editorial independence an illusion? Like a good marriage, says Van Der Weyden (page 543), it takes communication and respect to make the owner/editor relationship work.

SPOILED FOR CHOICE

After years of consultation, Australia is about to have a national bowel cancer screening program based on faecal occult blood testing. One of the main issues for those designing a screening program is whether the test will be acceptable to the target population. The Multicentre Australian Colorectal-neoplasia Screening (MACS) Group has examined this question in a randomised controlled trial designed to examine whether having a choice of screening modality influenced the decision to participate (page 546). But participation rates aren’t everything, say Salkeld et al (page 541), who dream of a public health utopia where patients are firmly in charge of their own destinies.

HERBAL REACTION

Ginkgo biloba is a herbal remedy, often used to treat memory impairment and other neurological symptoms. On page 583, Pennisi reports an adverse reaction which is usually associated with antibiotics, in a man who took ginkgo for tinnitus.



COSTING ADVERSE EVENTS

One of the unfortunate aspects of adverse events in hospitals is that they increase costs by increasing patients’ length of stay and, often, the complexity of their treatment. Studies examining adverse events often involve extensive record review or prospective data collection but, on page 551, Ehsani et al show that using routinely collected hospital morbidity data can be an economical way of costing and counting adverse events — with a view, of course, to prevention.

In the wake of last year’s Bundaberg Hospital scandal there have also been calls to make hospital administrative data public, so that patients can come to their own conclusions about the safety of hospitals. On page 571, Scott and Ward examine the usefulness of this suggestion.

MENTAL HEALTH ROLLER-COASTER

In any given year, one in 200 Australians will experience an episode of bipolar disorder. We now know a lot about managing this illness and, of course, the main person coordinating management is generally a general practitioner. Thus, the *Clinical Update* from Mitchell et al in this issue (page 566) is a welcome and timely contribution. But are some best-practice recommendations “pie in the sky” in the current under-resourced and poorly coordinated mental health environment? Hickie and Blashki argue for a more pragmatic approach (page 542).

MISSED OPPORTUNITIES

Up to 60% of intravenous drug users (IDUs) in Australia are hepatitis C positive, at least a quarter have had hepatitis B, and 1%–3% are HIV positive. As drug and alcohol agencies may represent the only contact that IDUs have with the medical community, they are an important venue for opportunistic screening for, and (in the case of hepatitis B) vaccination to prevent, these viruses. However, as Winstock et al discovered (page 560), many agencies are currently unable to provide this service.

COMMUNITY RESISTANCE

Several recent articles in the *MJA* have flagged the growing problem of community-acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA) infections. As clinicians wrestle with the implications of CA-MRSA for empirical therapy, Vlack et al (page 556) add some important information to the mix, with their study of CA-MRSA carriage rates among school children in a Queensland Indigenous community.

ANOTHER TIME ... ANOTHER PLACE

It appears to me that melancholy is the commencement and even part of mania ... The melancholics turn to sorrow and despondency only ... If at any time a relaxation occurs ... hilarity supervenes, but these persons go mad.

Aretaeus of Cappadocia, 2nd century AD