

## COMMERCIALISING BLOOD

Traditionally in Australia, blood and blood products have not been treated as commercial commodities. Blood is freely donated and is processed and distributed by a single, charitable organisation. Only one company is licensed to perform plasma fractionation, although several other companies distribute imported plasma products. The new Australia–United States free trade agreement makes allowances for some of this to change, but Bambrick et al (*page 320*) advise caution before throwing our lot in with the international market.

## STUDENTS AND TUBERCULOSIS

Many Australian medical schools gave up routine tuberculin skin testing and BCG vaccination of entry students some time ago, due to concerns about safety, efficacy and interference with the interpretation of further skin testing. A recent case of probable TB in a student who had travelled overseas for an elective term was a wake-up call for Graham et al (*page 324*). They revisit the concerns about TB prevention activities for medical students, and make recommendations for a standard approach.

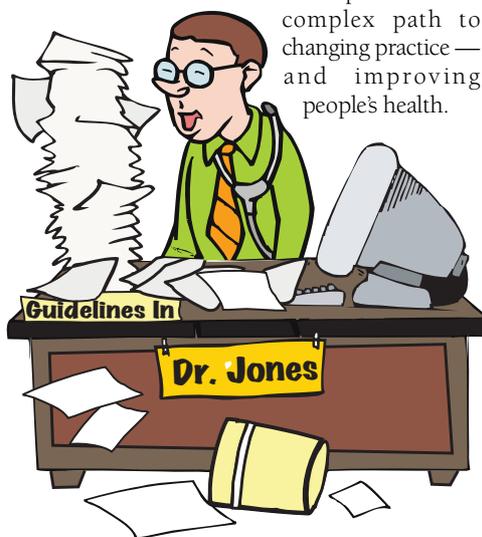
## SHIFTS IN SUICIDE

Before 1990, suicide was rare among Indigenous men living in the Northern Territory, and almost unheard of in Indigenous women. Then something changed. On *page 315*, Measey et al document 20 years of suicide statistics in the NT, revealing a disturbing trend among young Indigenous men.

But there is some good news on suicide in Australia. The latest report from the Australian Bureau of Statistics shows that overall suicide rates fell between 1994 and 2004. Goldney (*page 304*) believes that the decline, which is most marked in young people, might have something to do with our suicide prevention strategies and improved treatment of depression. However, given that more than 2000 Australians still take their own lives each year, much more work is needed.

## GUIDING LIGHTS

A search of the MJA's website reveals over 70 sets of clinical guidelines published in the past decade or so. This, of course, is a drop in the bucket of synthesised evidence on best practice: the National Guideline Clearinghouse in the United States boasts more than 2000 guideline summaries. Guidelines are meant to be followed, but, in real life (with real patients), we often lose our way. Bryant and colleagues found this when they audited some of the important clinical parameters in their patients with diabetes (*page 305*), causing them to wonder whether current management targets are actually achievable. Likewise, Irving et al (*page 310*) found a disappointing lack of attention to the iron status of patients with renal failure, partly due to a lack of awareness and understanding of the relevant guidelines. So, is guideline development a massive waste of time and effort? Grol and Buchan (*page 301*) explain that written clinical guidelines are just



## JUNKET INDIGESTION

If recent media reports are to be believed, most doctors' diaries must read like an issue of *Gourmet Traveller* — courtesy of the pharmaceutical companies. Do drug dinners and the like affect our capacity to prescribe rationally? On *page 299*, Tattersall and Kerridge argue that, regardless of the answer to this question, the public's trust will only be maintained if there is full disclosure.

## THE WAGES OF SELF-NEGLECT...

We all tell our kids they'll get scurvy if they don't eat their vegetables. Now, on *page 331*, Mapp and Coughlin prove that even in Australia in the new millennium this is not an empty threat.

## OUT OF THE FRYING PAN ...

Up to 80% of people in Australian prisons have a psychiatric illness, compared with 31% of the general population: 7% have psychosis (10 times the community rate). So, have we freed psychiatric patients from mental institutions just to have them languish without treatment in prisons? Hard to tell, say White and Whiteford (*page 302*), but people with mental illnesses deserve medical attention, wherever they reside.

## WAITING TO EXHALE

Many young people experiment with inhalants — chemical vapours that produce a degree of intoxication — but examples such as the entrenched problem of petrol sniffing in Indigenous communities and the death of a man in Sydney last year after inhaling nitrous oxide indicate that such experimentation is not harmless. Lubman et al (*page 327*) believe that the problem of inhalant use requires a comprehensive, coordinated response from Australian research bodies, services and authorities.

## "MEDICAL" ALLERGIES

A new patient reports that they are allergic to a drug after a reaction to it as a child. How do you decide whether you can safely give the drug, or a similar one, if indicated now? And how should latex allergy be handled in the medical workplace? Our *MJA Practice Essentials — Allergy* series (*page 333*) tackles plenty of big allergy issues.

## ANOTHER TIME ... ANOTHER PLACE

All admitted that ... attendance at educational events would decline were it not for gifts and meals.

Wazana A. Physicians and the pharmaceutical industry: is a gift ever just a gift? *JAMA* 2000; 283: 373-380