

**CONTINUOUS IMPROVEMENT**

Cervical cancer is one of Australia's screening success stories. We now have the lowest mortality rate from this disease in the developed world, and the recent release of the human papillomavirus (HPV) vaccine provides an opportunity to extend our public health efforts to prevention. But there are some problems. Firstly, not everyone has benefited equally from Australia's Organised Approach to Preventing Cancer of the Cervix. In the Northern Territory, Binns and Condon (*page 490*) found that, while decreasing cervical cancer incidence in remote-living Aboriginal women correlates with their increased participation in cervical screening, there is much room for improvement. The Australian approach of screening women every 2 years differs from that used in the United Kingdom, where 3 years is the recommended interval. Canfell et al, on *page 482*, have analysed the changes in cervical cancer incidence and mortality in these two regions since formal screening programs commenced. They believe that their results support lengthening the Australian screening interval, but Wain (*page 476*) argues for a complete review of the program in the light of its success and the need to introduce HPV vaccination into the equation.

**JUST ASK THEM**

You can check their blood pressure intermittently, but how do you know if your hypertensive patients are taking their medication properly, and does it matter if they miss the odd dose? Completed in 2001, the Second Australian National Blood Pressure Study included questions about compliance. A brief report from Nelson et al, on *page 487*, highlights the importance of medication adherence, and suggests a way to assess it.

**DIFFICULT DECISIONS**

Modern medicine is full of grey zones, many of which occur at the extremes of life. At the younger end of the spectrum is the issue of outcomes for very premature babies treated in neonatal intensive care units. At a national workshop of relevant health professionals and consumer representatives in 2005, it was agreed that babies born between 23 weeks' and 25 weeks 6 days' gestation represented the "grey zone" for the margins of viability. Based on the best available data, the workshop produced a consensus statement (*page 495*). Darlow (*page 477*) believes that the consensus statement will be helpful, but cautions that the margins of the grey zone should not be set down in black and white.

**INJURY INFORMATION**

On the basis of the substantial contribution of injury to premature death and disability, injury prevention is one of the Federal Government's seven National Health Priority

Areas. Preventive activities rely on having good information about the problems they address, but the lack of a national trauma registry has made this difficult in Australia. In 2003, trauma registries in Australia and New Zealand joined forces to form the Australian

and New Zealand National Trauma Registry Consortium. Some results from their pooled data are available (*page 512*), underscoring the need for an ongoing collaboration. Registries, in turn, rely on good record keeping. A *Letter to the Editor* describing a study by McKenzie et al (*page 526*) is a reminder that recording the cause of an injury at the point of care can make an important contribution to future prevention.

**CONTINUOUS CULPRIT**

The adverse gastrointestinal effects of non-steroidal anti-inflammatory drugs are well known, but the fact that some people seem to be able to take them for long periods without any problems has led to the theory that mucosal tolerance might develop over time, thus placing long-term users at reduced risk. The existing studies have varying follow-up times and endpoints, but the results of a systematic review of the most comparable (Schaffer et al, *page 501*) suggest that, if there is any decrease in risk over time, it is unlikely to be clinically significant.

**CANCER IN THE COUNTRY**

Rural and remote-dwelling Australians' access to health care is becoming a social justice issue, as more and more evidence of inequity emerges. Cancer care is one example, but according to Underhill et al (*page 479*), delivering quality treatment to non-urban Australians is possible. They suggest a model based on establishing Regional Cancer Centres of Excellence.

**SKIN DEEP**

Allergic diseases often have dermatological manifestations. As our *MJA Practice Essentials — Allergy* series continues (*page 517*), Katelaris and Peake provide a guide to urticaria and eczema. While the conjunctiva is not strictly skin, Wakefield and McCluskey, in the related *Focus* article, outline the potentially serious consequences of vernal keratoconjunctivitis, and the appropriate management (*page 523*).

**ANOTHER TIME ... ANOTHER PLACE**

Sir Richard Nash was once asked by his physician if he had followed his prescription. "If I had," said Sir Richard, "I should certainly have broken my neck, for I threw it out of my window."

Benjamin Rush

*Brieger G, Medical America in the Nineteenth Century*

