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GOOD GP TEAMS INCREASE SATISFACTION

People working in general practice have generally high levels of job satisfaction, although nursing, allied health and administrative staff are slightly more satisfied than GPs. So say Harris et al (*page 570*) after surveying the staff of 96 practices around Australia in the first Australian study to look at all practice members' satisfaction, and the quality of the team environment. Using the Warr–Cook–Wall job satisfaction scale, the mean overall score for all staff was 5.66 from a possible 7. GPs scored lower than other team members for satisfaction with income, recognition for work, and hours of work. For the GPs, better teamwork in the practice (measured by a 44-item Team Climate Inventory) was associated with increased satisfaction.

IODINE: MORE THAN BREAD ALONE

Tasmanian researchers Burgess et al are calling for mandatory universal salt iodisation in Australia, based on their finding that fortifying bread with iodised salt has not improved iodine nutrition among pregnant women in Hobart (*page 574*). The Tasmanian Government began the bread fortification program in 2001, and it has recently been observed that the iodine status of Tasmanian primary school children has subsequently improved. The current study compared the urinary iodine levels of 285 women attending Royal Hobart Hospital in 2000–2001 (before fortification) with the levels of 517 women attending either the same clinic or Hobart primary health care centres after fortification. Median urinary iodine concentrations have not increased significantly, and are still far below the levels recommended by the World Health Organization for the pregnant population.

ANOTHER TIME ... ANOTHER PLACE

Pathologists have long known ... that rheumatic fever “licks at the joints, but bites at the heart”.

Ernest Charles Laségue (1816–1883)

REFUGEES NOT HOGGING HOSPITAL BEDS

Extrapolating from a study in Victoria, refugees settling in Australia do not appear to be placing an undue burden on the hospital system. Correa-Velez et al (*page 577*) compared the hospital admission rates of people born in the refugee-source countries of Afghanistan, Bosnia–Herzegovina, Burma, Eritrea, Ethiopia, Iraq, Somalia and Sudan with those of the Australian-born population over 6 financial years commencing in 1998–99. By 2003–04, people born in refugee-source countries had slightly higher rates of admission, including more emergency admissions, but fewer surgical and psychiatric admissions and fewer total days in hospital than Australian-born people. Measured over the entire 6 years, the rates of admission were lower in the refugee group, showing a trend towards Australian-born averages as the years went by.

PREVENTION IS KEY TO CANCER CONTROL

More than a third of cancer deaths in Australia are attributable to modifiable behaviour, such as smoking, excessive sun exposure, poor diet, alcohol, inactivity and obesity, says Olver (*page 556*). Although breakthroughs in cancer treatment are attractive, further investment in evidence-based prevention and early detection strategies will bring the greatest returns.



FAMILY STYLE IS NOT OBESOGENIC

Childhood weight problems may have little to do with adverse family characteristics, such as maternal depression, negative life events, poor family functioning and ineffective parenting style, say Gibson et al (*page 591*), reporting on a study of 329 primary school-aged children in Perth, WA. In a sample that included 97 overweight and 40 obese children, and 192 children of healthy weight, multiple family factors were assessed by interviewing the children and their mothers using a raft of validated instruments. Only maternal obesity and single-parent family status emerged as risk factors for childhood weight problems.

RHEUMATIC FEVER RATES DEMAND ACTION

On *page 557*, Brown and McDonald write with the Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, drawing our attention to the high rates of rheumatic fever and rheumatic heart disease in Indigenous Australians. Their plea accompanies a new guideline (Carapetis et al, *page 581*) and a report of surgical outcomes for patients undergoing cardiac valve operations in Cape York and the Torres Strait Islands (McLean et al, *page 560*). A letter (Murala et al, *page 605*) adds a historical perspective to surgery for rheumatic valve disease. Until we commit as a nation to alleviating the underlying socioeconomic determinants of these diseases, attempts to control them will be futile.

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