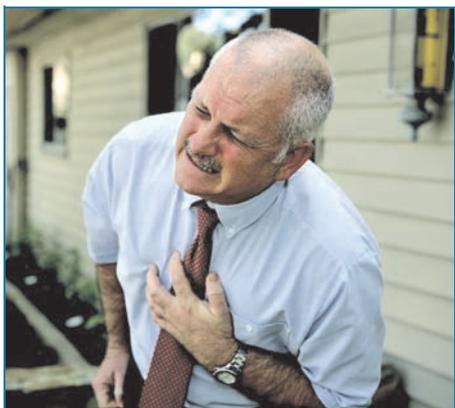


# In this issue

6 AUGUST

## MATTERS OF THE HEART

In patients with acute coronary syndromes, those at high risk receive less treatment overall than patients at low or moderate risk, according to research from Queensland (*page 153*). In their article, Scott and colleagues suggest a number of ways to better align treatment with risk, including risk-based referral procedures. Also in this issue, Woollard and Newman (*page 140*) advise that, based on the best interpretation of currently available data, for patients with severe coronary artery disease, coronary artery bypass graft surgery has a better long-term clinical outcome and is more cost-effective than the less invasive percutaneous coronary intervention.



## EXTRA WEIGHT STRAINS MORGUES

The obesity epidemic is a problem not only during life but also after it, suggest Byard and Bellis (*page 195*). In a letter, they report that forensic facilities are now dealing with many more obese and morbidly obese bodies than they were 21 years ago. Because of their size, these bodies are difficult to lift, move and store, presenting major logistical problems for pathologists and technicians. In addition, putrefaction is hastened in morbidly obese individuals, creating further difficulties. If the trend of increasing obesity continues, Byard and Bellis say, specially designed mortuaries with larger rooms and more robust equipment will be needed, so that postmortem evaluations are not compromised, and the health of mortuary staff is not jeopardised.

## LAUNCH INTO THE BLOGOSPHERE

You (and your patients) may well have “Googled” a health condition or two. You may know about podcasts and blogs and even about wikis, if not about mashups. Although more evaluation of the use of these various interactive applications of the Internet in clinical practice and medical education is needed, McLean and colleagues (*page 174*) say we cannot afford to ignore these developments in the dissemination of medical information.

## MORE WAYS TO ADVANCE TRANSPLANTS

Jeffrey and colleagues (*page 188*) present the first reported cases of liver transplantation in Jehovah’s Witness patients in Australasia. The Jehovah’s Witness church teaches that their members should not accept blood transfusions; however, members are to decide for themselves whether to accept organ transplantation and blood fractions, such as cryoprecipitate. The authors propose that techniques used to minimise blood loss and transfusion requirements for liver transplantation in these patients should be more widely practised to benefit all patients undergoing major surgery. Also in this issue, Richards and Rogers (*page 168*) argue that, in patients whose organs are to be donated after imminent cardiac death, antemortem interventions — such as cannulation of the femoral vessels to facilitate rapid infusion of organ-preserving solutions after death — are both ethically and legally justified. However, given varying interpretations of guardianship legislation, they think Human Tissue Acts should be amended to directly address consent for interventions of this kind.

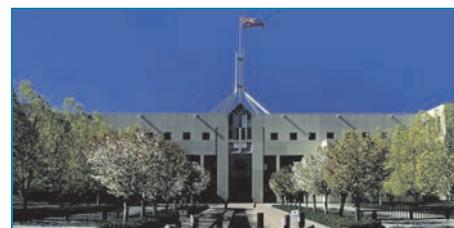
### ANOTHER TIME ... ANOTHER PLACE

I will not give to a woman an abortive remedy.

Hippocrates (460–375 BC)  
*The Hippocratic Oath*

## RURAL AND REGIONAL PRACTICE: BEYOND THE STUDENT BOON

Contributions in this issue add to the growing body of evidence that medical education with a rural focus increases interest in a rural medical career. Eley and Baker (*page 166*) found that students based at the rural clinical school at the University of Queensland value the quality of teaching, the level of student–teacher contact and high patient access. Availability of free accommodation also ranked highly. They also found that these students are now tending more towards choosing internships in rural and regional, rather than urban and metropolitan, hospitals. A letter from Eley and Morrissey (*page 196*) says rural and regional hospitals need to combat the perception that internships in urban hospitals are more beneficial to future career prospects; another from Sen Gupta et al (*page 197*), along similar lines, calls for urgent definition of regional training pathways for specialist and generalist careers.



## THE MIFEPRISTONE (RU486) STORY: TO BE CONTINUED

About 18 months ago, a cross-party vote in our federal Parliament about the abortifacient mifepristone (RU486), and the intense public discussion which surrounded it, confirmed wide support for the right of Australian women to medical abortion, assert de Costa and colleagues (*page 171*). They report on their early experience with this agent. Also, they lament that its use remains restricted to a handful of women in Cairns and call for a proactive approach from individual doctors and others to make mifepristone more widely used here, as it is in other countries.

*Dr Ann Gregory, MJA*