

In this issue

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POLITICS, POLITICIANS, DOCTORS AND HEALTH

Australia is currently in the grip of election fever. After months of very public squabbling, grandstanding, scaremongering and posturing by politicians of every persuasion, you could be forgiven for wondering why the *MJA* would weigh in to the election debate. On the other hand, health, the (mainly socioeconomic and environmental) determinants of health, and the provision of health care are issues that are greatly affected by the actions of government. Rather than standing by and bracing ourselves to adapt to the policies that will affect our lives and our work, we believe that health care professionals need to be informed and involved. With this in mind, we asked some of our leading health policy thinkers to spell out the main issues for Australians' health over the next few years. A few stand out, say Armstrong et al (page 485), and the characteristic unifying most of these is inequity, in a country that can afford to be fair. We also asked the Australian Medical Association to outline their *Key health issues for the 2007 federal election* (page 497), and some potential solutions. How will the next federal government's policies hold up against these well articulated problems? The incumbent Minister for Health and Ageing, Tony Abbott, outlines the strategies favoured by the Liberal Party on page 490, while Labor's Shadow Minister for Health, Nicola Roxon, articulates her Party's plans should they take government, on page 493. Why should *MJA* readers think about health when voting in the upcoming election? Van Der Weyden urges us to become political in striving to do the best for our hospitals, health services and patients (page 484).

DOCTORS AND POVERTY

This issue, the *MJA* is one of 233 science and medical journals worldwide that are participating in a global initiative by the Council of Science Editors to publish articles on the theme of Poverty and Human Development. It's a wide-ranging topic, and we encourage you to visit the Council's website to explore some of the facts, opinions and ideas that have been brought to light by the initiative (<http://www.councilscienceeditors.org/globalthemeissue.cfm>). For our part, we asked Saunders and Davidson from the Social Policy Research Centre and the Australian Council of Social Service to write about poverty and health in Australia (page 530); Leeder et al to discuss Australia's leadership role in a truly global concept of health (page 532); and Fox et al to outline the activities of our altruistic medical students who have become leaders in international health (page 536).



MELANOMA MANAGEMENT FALLING SHORT

Despite the publication of Australian guidelines for the management of melanoma in 1997, many patients in Victoria have had inadequate treatment, say Kelly et al (page 511). A survey of clinicians involved in the management of more than 700 melanomas of various thicknesses identified by the Victorian Cancer Registry in 1996 and 2000 revealed that more than a third were excised with inadequate margins. The use of partial biopsies increased over the period, although the guidelines state that this is rarely indicated, and many patients seem to have had inadequate follow-up.



PROSTATE CANCER MEDIA MYTHS

Despite almost universal agreement by expert bodies that population screening for prostate cancer is not warranted, newspaper and television reports continue to urge men to undergo testing, say MacKenzie et al (page 507). The group analysed more than 400 TV and newspaper reports and found 44 inaccurate or misleading statements about the prevalence and severity of the disease, expert support for screening, the accuracy of PSA testing, the importance of early detection, and minimisation of the adverse effects of treatment. The report provides examples, so you can see for yourself why many of your patients are confused.

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ANOTHER TIME ... ANOTHER PLACE

Medicine is a social science and politics is nothing but medicine writ large.

Rudolf Virchow, 1847