

In this issue

7 APRIL

SHAPING THE PROFESSION

Two articles in this issue might challenge your views on what it takes to be a good doctor. Murphy (*page 418*), at the reflective end of a career, questions the wisdom of throwing decisions about when to stop futile treatment back onto patients and their families. Surely, he says, senior clinicians should take leadership in this process. At the other end of professional life stands Looi's viewpoint on whether empathy is a valid component of selection criteria for medical students (*page 414*) — maybe it's better to be smart than to be kind after all. Meanwhile, the students themselves have developed a practical guide to medical school entry in Australia, described in a letter on *page 431*.

TEAM CARE STANDARD FOR BREAST CANCER

Most Australian surgeons who manage breast cancer do so as part of a multidisciplinary care (MDC) team, say Marsh et al from the National Breast Cancer Audit (*page 385*). In a survey of 239 members of the Royal Australasian College of Surgeons Section of Breast Surgery, 85% of surgeons reported participating in at least one MDC team, with higher participation in their public than their private practices (85.4% v 63.7%). Metropolitan teams were reportedly most developed in regard to regular meetings and diversity of membership.

Care planning by MDC teams has raised concerns about the medicolegal risk to participants. According to a consensus statement from a group of experts from both the health care and the legal sectors who met to discuss the issue last year (Evans et al, *page 401*), the risk is low, but is shared by all the health professionals on the MDC team who contribute to a treatment recommendation. Good documentation and communication are paramount. Studdert (*page 380*) agrees with these recommendations, pointing out that, as MDC is now considered best practice, the law will need to evolve to do its job of protecting patients from substandard care.

SAVING OUR WORLD

The theme for this year's World Health Day (7 April 2008), which also marks the 60th anniversary of the World Health Organization, is protecting health from climate change. In launching the call for global action on this issue, WHO Director-General Margaret Chan said, "We need to put public health at the heart of the climate change agenda". Australia's General Practitioner of the Year for 2007, Peter Tait, believes that climate change is one of several synergistic threats to the health and wellbeing of humanity, all of which should concern and engage us as health professionals. His call to action is on *page 383*.



EASY ON THE RODS

Patients with adrenal insufficiency can be safely managed at times of medical illness or surgery using lower doses of hydrocortisone than have traditionally been given. This is the main message of a fascinating clinical update from Jung and Inder (*page 409*), who also provide helpful guidelines for the optimal dosage, depending on the degree of medical stress.

SMOKING A CURSE FOR PREGNANT TEENS

A national study has quantified the contribution of smoking to the occurrence of low birthweight in the babies of teenage mothers (Chan and Sullivan, *page 392*). More than 40% of teenagers who gave birth during the 4-year study period were smokers, and the rates of low birthweight in teenagers were 9.9% for smokers and 6.0% for non-smokers, compared with 8.6% and 3.6%, respectively, for women aged 20–34. The excess risk was lessened by lighter smoking (<10 cigarettes/day) and eliminated by smoking cessation before 20 weeks' gestation (achieved by only 6.7% of the smoking teenagers). Given that smoking rates are much higher in teenagers than in older mothers, reducing smoking rates in teenagers is an obvious avenue for reducing the rates of low birthweight in this group's babies.

OSTEOPOROSIS NIHILISM

According to a study from Melbourne, most patients who are treated in the emergency department (ED) for minimal trauma wrist fractures do not receive subsequent investigation for, or management of, osteoporosis. Kelly et al (*page 389*) reviewed the records of 131 patients aged ≥ 50 years who were treated in the EDs of three hospitals for minimal trauma wrist fractures in 2006, then made telephone contact with 91 of them in the first half of 2007. No patient had a bone densitometry scan arranged by the ED or the hospital fracture clinic. Forty-one patients reported that they had ever had bone densitometry testing (28 after the fracture occurred), and 16 patients had commenced new osteoporosis treatment since sustaining the fracture.

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ANOTHER TIME ... ANOTHER PLACE

The physician's function is fast becoming social and preventative, rather than individual and curative.

Abraham Flexner, 1910