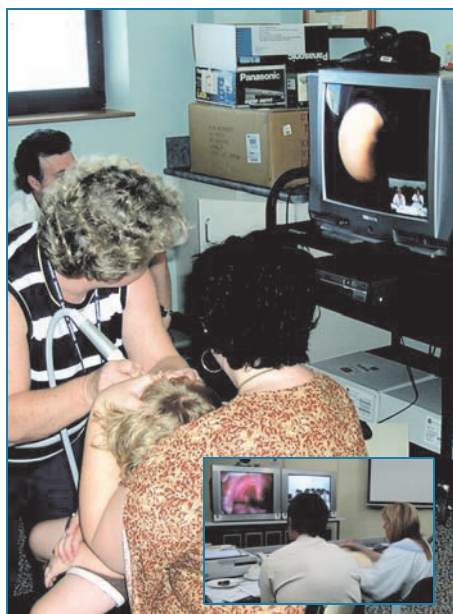


In this issue

21 APRIL

VIDEOCONFERENCES: THE REAL THING

Videoconferencing of ear, nose and throat (ENT) consultations for children can be done with reasonable confidence that the management plan would not differ if the patient had been seen in “real life”. So say Smith et al (page 457), who trialled a paediatric ENT videoconferencing clinic in the Queensland town of Bundaberg. In just over 2 years, they conducted 19 clinics in which an ENT surgeon in Brisbane took a full history from patients via videoconference and examined them via telemedicine audiovisual equipment, with the help of a paediatrician in Bundaberg. Among 68 patients who eventually went to Brisbane for further management by the surgeon, 67 had the same recorded diagnosis in real life as at the videoconference, and 63 retained the same surgical management decisions. None of the 19 patients referred back to their general practitioners for further care were reported to have had missed diagnoses or ongoing ENT problems.



METFORMIN RISK MINIMAL

According to an analysis of data from the Fremantle Diabetes Study (Kamber et al, page 446), the risk of lactic acidosis in people with type 2 diabetes is low, and is not increased by the use of metformin. About a third of patients were taking metformin at the commencement of the study, rising to more than half after 5 years. Five confirmed cases of lactic acidosis were identified during 12466 patient-years of observation — an incidence rate of 57/100000 patient-years among metformin users (95% CI, 12–186 patient-years) and 28/100000 patient-years among non-users (95% CI, 3–100 patient-years). This was despite many of those taking metformin having at least one contraindication to its use.

A CULTURE OF TRUTH

If you've ever felt that the body funding your research project was preventing you from presenting its results, you are not alone: a recent national survey of public health academics found that many have had this experience with government-funded research. According to Holman (page 435), this situation needs to end as, apart from anything else, it will eventually erode the credibility of both research and the government. He outlines 10 interventions that will safeguard academic integrity for those working with governments, and calls for strong leadership to effect a culture change.

ANOTHER TIME ... ANOTHER PLACE

What a man believes upon grossly insufficient evidence is an index into his desires — desires of which he himself is often unconscious. If a man is offered a fact which goes against his instincts, he will scrutinize it closely, and unless the evidence is overwhelming, he will refuse to believe it. If, on the other hand, he is offered something which affords a reason for acting in accordance to his instincts, he will accept it even on the slightest evidence. The origin of myths is explained in this way.

Bertrand Russell



TOWARDS CONSISTENCY FOR IMGs

Almost a third of Australian GPs are international medical graduates (IMGs) and, up until recently, assessment of these doctors' fitness to practise has depended on the requirements of the various medical boards and colleges, and the location and field of intended practice. In 2006, amid well publicised concerns about quality, the Council of Australian Governments directed the health ministers to implement a nationally consistent approach. Rather than a single examination, undertaken at a given point of time, there are now several clear pathways to registration. McLean and Bennett outline this approach on page 464.

DIFFERENT TAKES ON END-OF-LIFE

Oncologists, palliative care physicians and geriatricians are least likely to actively hasten death in terminally ill patients with distressing symptoms, and most likely to act unilaterally to relieve symptoms as a medical necessity. These are some of the findings in the detailed report of Parker et al on page 450, which formed part of an international study of end-of-life decision making, conducted in six European countries and Australia in 2003. What would you do in each of the scenarios presented to the 1478 Australian participants?

Dr Ruth Armstrong, MJA