

In this issue

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DOCTOR WATCHING

Hospital doctors spend about a third of their time communicating with other health professionals (meetings, planning care, arranging consultations, etc) and undertake most tasks in the company of a colleague, usually another doctor. So say Westbrook et al (*page 506*), who spent a total of 151 hours closely observing seven registrars, five residents and seven interns. Direct patient care consumed about 18% of registrars' time, while interns spent 11% of their time on direct patient care, 13% on documentation and 10% writing discharge summaries. Overall, 17% of time was spent on breaks and social activities. In response, Brown and Arnold point out that learning and patient care are not mutually exclusive activities, and that doctors-in-training need downtime for reflection and self-care (*page 500*). Some hospitals have established a "training and education agreement" between the doctor and the hospital so that both parties know what is expected of them. Meanwhile, from a similar study observing interns on emergency department rotations in three Melbourne hospitals, Zhu et al estimate that, during an 8-week term in the ED, the average intern would take 253 patient histories, consult senior staff 683 times, and perform 237 intravenous cannulations or phlebotomies, 39 arterial punctures and 12 wound repairs (*page 514*). Surely an excellent use of both learning and service time!

FOCUS ON THE YOUNG FOR HPV VACCINATION

Human papillomavirus vaccines have a limited role in older women, says Wain (*page 501*). While HPV vaccination is funded only for Australian women aged 12–26, one vaccine, Cervarix (GlaxoSmithKline), is now licensed for use in women aged up to 45. But vaccines can only prevent HPV infection, and most women are exposed to HPV within 5–10 years of becoming sexually active, making vaccination after this stage likely to be ineffective.

MEDICAL RESEARCHERS FACE UNCERTAIN FUTURE

A survey of members of the Australian Society for Medical Research reveals a highly educated and mobile medical research workforce, plagued by doubts about job security and funding (Kavallaris et al, *page 520*). While 96% of the respondents were currently based in Australia, 54% were working or had worked overseas, and 70% had a PhD or equivalent. Most (73%) had considered abandoning their research careers, citing factors such as a shortage of funding (91%), lack of career development opportunities (78%) and poor remuneration (72%). Fifty-seven per cent were directly supported by grants or fellowships, with only 16% not relying on grants for their continuing employment.

FLU A SIGNIFICANT BURDEN IN KIDS

Based on the findings of an 11-year South Australian study, there may be an argument for vaccinating all children aged under 2 years, and Indigenous children aged under 5 years for influenza (D'Onise and Raupach, *page 510*). An examination of SA hospital separation data for 1996–2006 revealed 649 children aged under 5 had been admitted to hospital for influenza, with the highest overall rates in children aged less than 1 year (151.0/100000) and in Indigenous children under 5 years (161.8/100000). While three of the four deaths were in children known to have pre-existing comorbidities, 81% of the children admitted did not have an underlying illness known to increase the risk of influenza complications.



EASING THE FOOD ALLERGY BURDEN

Food allergy and anaphylaxis are becoming more prevalent in Australian children, placing a tremendous burden on parents, say Kemp and Hu (*page 503*). Some of the difficulties include finding accurate ways to estimate and communicate risk, sociocultural factors surrounding food, and the involvement of multiple sectors, such as the food industry, government, health bodies and schools. While some of the issues are immutable, one way forward is to adopt a chronic disease model for management, in which an educated, self-managing patient and carers interact with, and are supported by, multidisciplinary services.

STRONG RESPONSE TO TIGERS

In our Christmas 2007 issue, the *MJA* made an unwitting foray into Sri Lankan politics by publishing an article on the work of an Australian doctor providing education and training to members of the medical wing of the Liberation Tigers of Tamil Eelam. As well as some substantial letters, we received a barrage of emails either supporting or criticising the Journal's decision to publish such an article. Why did this Townsville neonatologist share his knowledge with members of what has been labelled a terrorist organisation, and why did the Journal see fit to publish his experiences? Some of these issues are canvassed in *Matters Arising* (*page 544*).

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ANOTHER TIME ... ANOTHER PLACE

A subject that needs reform should be kept before the public until it demands reform.

*Hugh Clegg,
Editor of the British Medical Journal
from 1947 to 1965*