

In this issue

4 AUGUST

CANCER IN THE SPOTLIGHT

Kylie Minogue, Jane McGrath and Belinda Emmett have brought breast cancer to the forefront of Australian news in recent years. But are they typical of women with breast cancer? MacKenzie et al (*page 155*) looked at news coverage of cancer and found that nearly a quarter of stories focused on celebrity diagnoses or other well known people who had cancer. They speculate that this may distort public and political perceptions of cancer and influence research funding, leaving less “sexy” cancers struggling for support.



DOB IN A DODGY DOCTOR

Arnold (*page 132*) discusses the pros and cons of new legislation obliging NSW doctors to report disruptive or wayward colleagues, a government response to the disastrous case of the “Butcher of Bega”. Such mandatory reporting of professional incompetence is a first for Australia. Despite current obligation, doctors have so far been reluctant to report “impaired” colleagues, and Arnold wonders whether this new law will make a difference, or whether it will just open the way for turf wars. He also raises concerns about abolition of the confidentiality of the Medical Board’s Professional Standards Committee, proceedings of which will now be chaired by a legal practitioner with findings made public. It is not clear that this will improve standards of care, and it thus may be a retrograde step.

PANDEMIC PREPARATION

If, or should that be when, the next influenza pandemic strikes, where will you be? Will you be out there on the frontline exercising your “professional duty” to your patients, or will you be at home because of your personal responsibility to protect your family? Anikeeva et al (*page 148*) report their interviews with GPs and discuss ethics and obligations.

HOW TO REFORM OUR HEALTH SYSTEM

In this issue, we kick off a new series on health care reform. Nobody denies reform is needed, and needed fast before the overburdened system collapses, but it appears we don’t yet have much evidence on which to base decisions. Menadue (*page 170*) comments that we are bereft of guiding principles to drive health policy, thus making do with processes that are ad hoc, short term and born out of political compromise. Van Der Weyden (*page 169*) points out the current poverty of health services research in Australia and wonders whether the Rudd Government will manage to gather enough evidence from its various commissions and taskforces to follow the UK’s lead in its recent reforms of its National Health Service, which included a massive injection of funding. Mooney (*page 171*), advocates for the “people principle” — the health service is for the people and must be based on the values of the people, so we should start the ball rolling by asking the people what their priorities really are.

UBIQUITOUS PELVIC PAIN

It will come as no surprise to our female readers that pelvic pain among women is about as common as the common cold. Pitts et al (*page 138*), analysing subset data from the Australian Longitudinal Study of Health and Relationships, found overall prevalences of 72% for dysmenorrhoea, 14% for dyspareunia and 22% for other chronic pelvic pain. Fortunately, these prevalences decrease with age, and the likelihood of a pathological basis for the pain is less than 50%. Farquhar (*page 131*) discusses approaches to managing pelvic pain, striking a balance between overinvestigation and the risk of missing underlying pathology.



NEW LUNGS FOR OLD

Keating et al (*page 173*) report the first use in Australia of cut-down lungs from deceased adult donors to save the lives of two children with advanced lung disease. Australia’s organ donation rate is low by international standards, and few lungs are retrieved from paediatric donors, so being able to use modified adult lungs expands the donor pool for the relatively small number of children who might need them. This does, however, reduce the donor pool for adults. Is a child more deserving of transplantation than an adult?



PREVENTION BETTER THAN CURE

According to Ho et al (*page 144*), around 17000 Australians will suffer from deep vein thrombosis or pulmonary embolism this year. Their comprehensive community-based study in Perth found an incidence of 0.83 per 1000, slightly higher than the Australian Institute of Health and Welfare’s estimate, based on hospital discharge data alone, of 0.74 per 1000. Chong et al (*page 134*) suggest that the annual cost of treating venous thromboembolism is \$1.72 billion, that it is responsible for 7% of all deaths in hospital patients, and that the cost of its disease burden outstrips that of cancer or cardiovascular disease. Venous thromboembolism is a largely preventable condition, but it appears that preventive measures are currently grossly underused.

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ANOTHER TIME ... ANOTHER PLACE

It is easier to bear what’s amiss, than go about to reform it.

Proverb