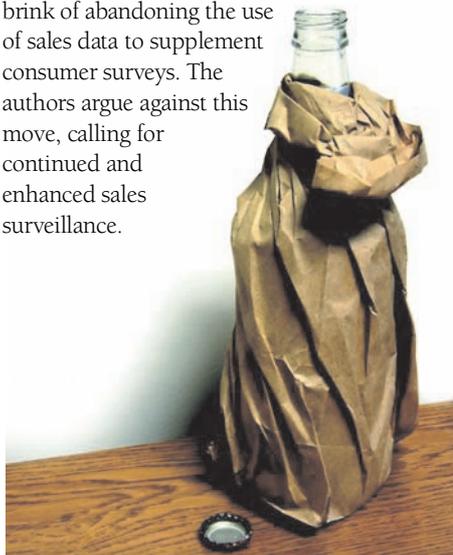


In this issue

18 AUGUST

ALCOHOL SALES MUST BE MONITORED

Relying solely on the results of consumer surveys to estimate alcohol usage patterns in the Australian population would be a huge mistake, say Hall et al (*page 188*). Despite the known inadequacies of self-report in this domain, the Australian Government is on the brink of abandoning the use of sales data to supplement consumer surveys. The authors argue against this move, calling for continued and enhanced sales surveillance.



OBESITY SURGERY ON THE RISE

According to a study from Western Australia, bariatric surgery is becoming an increasingly common treatment for obesity, with acceptable morbidity and mortality rates. Smith et al (*page 198*) used the WA Data Linkage System to correlate all bariatric procedures performed in WA hospitals between 1988 and 2004 with hospital morbidity and death data. Over the 17 years, the rate of surgery increased from 1.2 to 24.2 procedures per 100 000 person-years — about a 20-fold increase overall (and a 13-fold increase in the obese population). Thirty-day postoperative mortality was 0.07%, and complications were recorded in 9.6% of patients. At 5 years, the risk of death was equal to that of the general population.

ANOTHER TIME ... ANOTHER PLACE

Always remember ... that I have taken more out of alcohol than alcohol has taken out of me.

Winston Churchill, 1963

A WORD FROM OUR SPONSORS

In the previous issue of the *MJA*, Mooney reminded us that we need to know what consumers of health care need and think. As if in reply, three studies in this issue provide some valuable perspectives.

Hutchinson and Rubinfeld (*page 207*) surveyed 259 people participating in clinical research at the Royal Melbourne Hospital, finding that just over a third of participants would like to know how much funding had been allocated to their study, and more than half wanted to be informed of the sponsors' identity. Other issues, such as payments received by the investigators, were also of interest to many.

The Swinburne National Technology and Science Monitor has been measuring consumer experiences of health care for some years. Hardie and Critchley (*page 210*) report the results of a recent 800-person telephone survey. Trust in medical practitioners was generally high, with general practitioners slightly outdoing specialists. Private hospitals were marginally more trusted than public hospitals, but Medicare fared better than private health funds, and there was strong "pro-public" response to questions about future funding models for health care.

A large postal survey of general practice patients in Victoria has also yielded heartening results regarding patient satisfaction. On *page 215*, Potiriadis et al collate the responses of over 7000 patients to the General Practice Assessment Questionnaire, which has been extensively used in the United Kingdom. Victorian GPs exceeded the UK national benchmarks in all domains — receptionists, access, continuity of care, communication, practice nurses, and the practice overall.

CARCINOGENIC POLICY VOID

The need for obesity control measures is becoming more urgent, say Olver and Grogan (*page 191*), as the link between increased body mass index and several common cancers becomes firmly established. Will the government finally rise to the challenge as our cancer control bodies join the strident calls for tough legislative approaches to the obesogenic Australian diet?

KEEPING TRACK OF PCIs

Australia should establish a registry of interventional cardiology procedures, says Scott (*page 223*). While percutaneous coronary intervention is increasingly being used in patients with acute coronary syndromes and angina, there are questions about efficacy, safety and costs that we do not have enough Australian data to answer. In the absence of randomised trials to cover every clinical circumstance, a registry would be of enormous benefit. Stent thrombosis, which carries a high mortality rate, is one of the complications that a registry would monitor. As indicated by the case presented by Barthwal and Herman (*page 229*), this can occur after ceasing clopidogrel therapy, even several years after stent placement.

MORE ON REFORM

Our reform series continues in this issue, with very concrete contributions on the two major Australian health care interfaces. Dwyer (*page 220*) suggests some rational restructuring and reorganisation of the hospital sector, which will nonetheless be ineffective without adequate funding, while Kidd et al (*page 221*) articulate equity as the major principle that must underpin reform in primary health care.

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