

In this issue

5 JANUARY

NEW YEAR'S RESOLUTION

Welcome to the first issue of the *MJA* for 2009! If you are reading this online, you may have noticed some changes. From this issue onwards we are following in the illustrious footsteps of our overseas medical journal counterparts, and making the entire content available to AMA members and subscribers only. We have made every effort to ensure the free availability of material of public importance, as outlined by Van Der Weyden (*page 5*), and will continue to add value for our subscribers, in our role as a recognised forum for information and commentary on all aspects of health care in Australia. We welcome your feedback.

INDIGENOUS IDEAS

As we enter the second year of our federal government's ambitious and inspiring pledge to close the life-expectancy gap between Indigenous and non-Indigenous Australians, some innovative ideas are beginning to surface. Fortunately, the National Health and Medical Research Council has had the need for good quality research in mind for some time: in 2002 they made a commitment to spend at least 5% of their budget on Indigenous health research, and endorsed a "Road Map" designed to support both this research and researchers who are Indigenous. An evaluation by Leon de la Barra et al (*page 28*) shows that this has been at least partly successful. On the clinical front, observes Parker (*page 34*), Indigenous health brings together people of many different professions and perspectives. Rather than restricting and excluding, he believes that the formation of a college of Aboriginal and Torres Strait Islander health with members from all the different groups will unify the sector. Intersectoral "bridging" is also seen as key by Green et al, in any response to the impact of climate change on Indigenous people's health (*page 4*). The first step is to start a conversation to gain Indigenous people's perspectives and ideas.



PREVENTING CHILD MURDER

Child homicide most often occurs as a consequence of child abuse, say Nielsens et al (*page 7*). Between 1991 and 2005, there were 165 child homicides in NSW: 59 were associated with child abuse, 30 were classified as "retaliatory" (in the context of family breakdown), and 27 were committed by a person who was suffering from a psychotic illness (often previously undiagnosed). Among the dead were five children who were given methadone; 37 victims were infants aged less than 1 year. As well as measures to reduce child abuse, such as banning corporal punishment, the authors suggest more timely management of psychosis and changes in the provision of methadone to parents as useful strategies to prevent child homicide.

NOT SO SOFT

A young man with no risk factors and normal coronary arteries had an anteroseptal infarct after drinking seven to eight cans of a caffeinated energy drink in the course of a day-long motocross event (Berger and Alford, *page 41*). Although not proven, it is highly likely that the caffeinated drink caused coronary artery spasm of enough intensity to cause the infarct. No bull.

ANOTHER TIME ... ANOTHER PLACE

Other sins only speak; murder shrieks out.

John Webster, *The Duchess of Malfi*

CHILDHOOD CANCERS IN NIGERIA

This issue includes a reminder from Agboola et al (*page 12*) that resource-poor countries struggle at every level to deliver effective health care. In the decade to December 2006, almost 11 000 children presented to the Olabisi Onabanjo University Teaching Hospital in Sagamu, Nigeria. Seventy-seven were diagnosed with malignant tumours, most commonly lymphomas (40%), retinoblastomas and neuroblastomas; however, central nervous system tumours could not be reliably diagnosed owing to a lack of imaging equipment. The commonest diagnosis, Burkitt's lymphoma, is known to have a strong association with malaria. Exact statistics are not available for the estimated 85% of childhood cancers that occur in resource-poor countries.

ADHD AND MEDICAL MINDFULNESS

When is a cluster of symptoms a disease and at what level of dysfunction should it be labelled and treated? When does a desire to help become an intolerance of difference? These and other questions come to mind when reading Halasz's thoughtful piece on attention deficit hyperactivity disorder (ADHD) (*page 32*). Revised Australian guidelines are on their way but, for many children, parents and doctors, ADHD and its management will remain a conceptual challenge.

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