

PRESCRIBING SOFTWARE DEFICIENT FERTILITY NOW


Doctors and pharmacists should not rely on automated alerts in prescribing and dispensing software to help them identify and manage drug interactions, say Sweidan et al (page 251), who were commissioned by the National Prescribing Service to evaluate six commonly used prescribing and three dispensing software systems. The team tested each system by inputting 20 drug combinations with major (clinically significant) interactions, and 20 combinations with minor (clinically insignificant) interactions. While six of the nine systems identified $\geq 90\%$ of the major interactions, only three were sufficiently specific: the other six systems alerted users to large numbers of clinically insignificant interactions without adequate explanation. Few systems provided information about clinical effects or suggested management. Like many users, Magrabi and Coiera are not surprised by the study's findings (page 227), adding a warning that "real life" use of the systems may be even more problematic than the laboratory testing suggests. Studies that address this issue and feed back to the software development process are urgently needed.





BY THE WAY, DOC ...

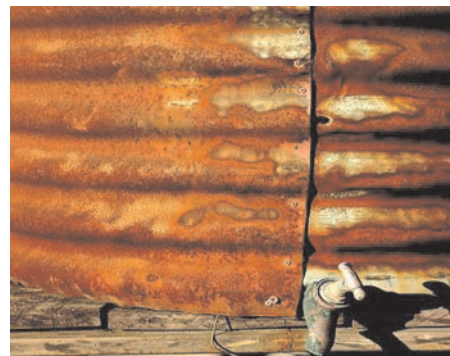
Oral candidiasis, a dental problem or neoplastic change? White lesions in the mouth, often the subject of a brief enquiry during a longer consultation, can be difficult to confidently differentiate. With the help of some illustrative cases, Lee and Polonowita provide some guidance on page 274.

When did fertility shift from being a personal issue to public property in Australia? Was it when widely available, effective contraception allowed millions of individual decisions about family size to shape the population, or when it was realised new fertility treatments would stretch the boundaries of who could become pregnant and how they would do it? Several articles in this issue, drawn skilfully together by Jansen and Dill (page 232), examine the interplay between individuals, science and medicine, and the government concerning issues of fertility.

 In 2004, then federal Treasurer Peter Costello urged all Australians to have a third child "for the country", with a cash payment (the Baby Bonus) as an extra incentive. A study by Lain et al (page 238) using Australian Bureau of Statistics birth data reveals that, at least in New South Wales, the strategy was effective. With the bonus set to continue, de Costa and Wenitong (page 242) suggest ways that it could be structured to provide maximal benefit to Aboriginal and Torres Strait Islander babies.

 For the many Australians who struggle to achieve pregnancy, advances in artificial reproductive techniques provide more opportunities than ever before, but also raise ethical and legal questions. For instance, should doctors remove sperm from dead or dying men at the request of their partners (Middleton and Buist, page 244); how long should reproductive material be stored for potential users, and who should regulate its storage (*Letters*, page 250); and should we encourage women to store frozen oocytes for later use, when their natural fertility has declined (Molloy et al, page 247)?

 Those following the recent case of a woman in the United States whose octuplets were born as a result of IVF will be particularly interested in a report based on data from the Australia and New Zealand Assisted Reproduction Database (Wang et al, page 234). Single embryo transfer is now by far the commonest procedure in the two countries, resulting in higher birthweights, and less prematurity and stillbirth.



DENGUE THREAT NO SIMPLE EQUATION

The recent outbreak of dengue fever in northern Queensland has reawakened concerns that rising temperatures throughout Australia might bring the vector mosquito, *Aedes aegypti*, and thus dengue outbreaks, further south. According to Russell et al, however, while concern about the disease is warranted, the climate change theory oversimplifies both the vector's and the virus's behaviour. Imported strains, water storage practices and population shifts may also be important factors in dengue's eventual reach (page 265).

DELINEATING DUDS

With spiralling health costs and a constantly evolving knowledge base, difficult decisions may need to be made about which existing, publicly funded health services are not providing value for money, say Elshaug et al in a thought-provoking article (page 269). The discipline of health technology assessment is well established for new products and services, but its role could now be extended to include identifying and dealing with the health system's dead wood.

Dr Ruth Armstrong, MJA

ANOTHER TIME ... ANOTHER PLACE

Remedies often worsen evil ... The wise physician knows when to prescribe and when not to, and sometimes it takes skill not to apply remedies ... There is no better remedy for disorder than to leave it alone to correct itself.

Baltasar Gracián y Morales, 1637