

# In this issue

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## FIT TO DRIVE?

The Austroads fitness-to-drive guidelines do hold some sway in court, but they do not relieve patients of their legal obligation to disclose any medical condition that may affect their driving to the licensing authority. So say Beran and colleagues (*page 503*) in their discussion of the case of a man who failed to disclose his epilepsy. His history of nocturnal seizures would not have disqualified him from driving under the guidelines, but both the trial and the appeal judges considered his concealment of his condition to be a more important factor in convicting the man of dangerous driving occasioning death.

## ANTIDEPRESSANTS NOT HITTING THE SPOT

A study using Australian antidepressant prescription data suggests a mismatch between need and provision for people living in remote areas and those with low socioeconomic status in some age groups. Page and colleagues (*page 479*) examined antidepressant prescriptions under the Pharmaceutical Benefits Scheme in 2003–2005. Although boys predominated in childhood prescriptions, in all other age groups women had much higher rates of antidepressant use than men, and this increased with age in both sexes. Remote areas had the lowest prescription rates, and regional centres the highest. Use also varied with socioeconomic status. Although the study could not identify individual treatment gaps, the pattern of antidepressant use did not entirely correlate with that expected from known sociodemographic differences in depression rates.

## DIVISION OF LABOUR

If a study by Robson and colleagues (*page 474*) rings a bell, it's because it was widely reported in the Australian media after being released as an *MJA* rapid online publication in February. According to the National Perinatal Data Collection, just under a third of births in Australia between 2001 and 2004 occurred in private hospitals. High rates of obstetric interventions in these hospitals are well known, but the study revealed what appeared to be a trade-off — lower rates of severe perineal injury in the mothers and less need for resuscitation, fewer low Apgar scores, and decreased likelihood of intensive care admission and perinatal death in the babies. The study is retrospective and therefore not perfect, warns Pesce in an accompanying editorial (*page 467*), but it does challenge the assumption that high rates of intervention are inherently bad. Two *Letters to the Editor* (Sutherland et al [*page 518*] and Watson et al [*page 519*]) are critical of the use of routinely collected data (which do not include some potentially important confounders) to address such an important and emotive issue.

## PATIENT PERCEPTIONS OF HEALTH CARE HARM

An Adelaide-based study provides a patient's perspective on adverse events in health care, with 4.2% of participants reporting that they had experienced an adverse event within the previous year. Adams et al (*page 484*) asked 3522 participants in the North West Adelaide Health study, "Have you personally, in the last 12 months, experienced a situation where your health care has led to harm?", providing examples. One-hundred and forty-eight people answered in the affirmative, most commonly citing medication errors, misdiagnosis or wrong treatment. Some participants reported long-term or permanent harm (22% physical, 32% emotional).

## VERTICAL HEPATITIS B

Perinatal transmission of hepatitis B still occurs in Australia, despite the use of passive and active immunoprophylaxis for babies known to be at risk, say Wiseman et al (*page 489*). While international studies report variable rates of transmission, data have been lacking for Australia, a low-prevalence country. Four cases of transmission were identified among 313 hepatitis B surface antigen-positive women who underwent antenatal care at hospital clinics in south-western Sydney between August 2002 and May 2008: one baby had not received hepatitis B immunoglobulin as recommended at birth, and all four mothers had very high levels of hepatitis B virus DNA and were e-antigen-positive.

## HOT TOPICS

If you're looking for cutting edge, there are a few "don't miss" items in this issue. As new public hospital initiatives continue to unfold, we have received a number of letters on the fallout from the Garling Inquiry (*Matters arising, page 514*); there's some up-to-the-minute advice on the use of new imaging techniques in breast cancer screening (Houssami et al, *page 493*); Strong canvasses the issue of "saviour siblings" (*page 506*); and Van Nunen et al present a fascinating case series from Sydney's northern beaches, comprising patients who presented with red meat allergy after experiencing large local reactions to tick bites (*page 510*).



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## ANOTHER TIME ... ANOTHER PLACE

Depressions may bring people closer to the church — but so do funerals.

*Clarence Darrow*