

# In this issue

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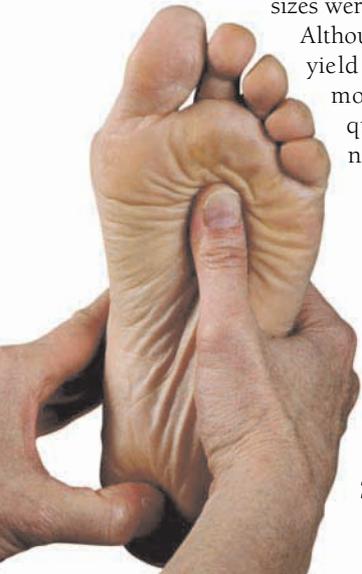
## BEYOND MANDATORY REPORTING

Mandatory reporting of child abuse has been enacted throughout Australia. Now, the onus is on all health professionals to provide mandatory responding, as no child protection agency can cope with all the referrals it receives, says Winterton (*page 246*). At a general practice level, this response may involve reviewing the patient on a number of occasions in order to obtain a clearer picture, and being in contact with the local child protection agency and other health care providers. It is only by responding appropriately, case by case, that we will be able to facilitate better outcomes for these children.

## SCIENCE AND THE SOLE

In reflexology, a popular complementary modality, particular areas (usually on the sole of the foot) are thought to correspond to one particular organ or organ system; massage of these sole areas is purported to be of therapeutic benefit. However, a UK expert reports that the best evidence available does not demonstrate convincingly that reflexology is an effective treatment for any medical condition. In a systematic review (*page 263*), Ernst identified 18 randomised controlled trials (RCTs) that had applied reflexology for any one of a wide range of conditions, including asthma, cancer and multiple sclerosis. Overall, the methodological quality of the trials was often poor, and their sample sizes were generally small.

Although five RCTs did yield positive results, most of the higher-quality trials did not.



## YOUR MONEY OR YOUR LIFE?

People are choosing not to obtain genetic information because of concerns that the results could affect future (and renewable) insurance policies, according to Keogh and colleagues (*page 255*). They found that a much higher proportion of participants in the Victorian Colorectal Cancer Family Study (49% versus 19%) declined genetic testing for a germline mutation in the mismatch repair (MMR) genes after information about this possible implication of genetic testing was included in updated consent forms. People who carry a germline MMR gene mutation are at greatly increased risk of colorectal cancer, especially at a young age; screening and early identification of carriers could be a highly cost-effective way to reduce our burden of the disease. Keogh and colleagues say that, unless addressed, the Australian insurance industry's current position on genetic information could lead to damaging clinical and public health consequences.

## PLANNING STRATEGY

A recently announced National Perinatal Depression Plan, with a budget of over \$80 million, is to be implemented across Australia over the next 5 years. However, in *For Debate* (*page 276*), Yelland and colleagues question whether we have sufficient evidence to roll out the Plan. In particular, there is scant evidence of effectiveness for the first of three goals — routine screening for depression during pregnancy and a follow-up check at 2 months after birth — when currently available screening tools are used. The authors say new approaches to assessing and managing perinatal psychosocial issues need to be developed and evaluated before a universal population-based screening program is rolled out.

## ANOTHER TIME ... ANOTHER PLACE

It is a poor government that does not realize that the prolonged life, health, and happiness of its people are its greatest asset.

*Charles Horace Mayo, 1919*

## THE SNAKE AND THE STAFF?

“Twisted together like the snake and staff, doctors and drug companies have become entangled in a web of interactions as controversial as they are ubiquitous”, said Moynihan in the *BMJ*. Mitchell (*page 273*) refers to the perspectives of Moynihan and others in a viewpoint about the relationship between members of the medical profession and the pharmaceutical industry. Mitchell believes that to ask the medical community to divorce itself completely from industry, as others have argued, would be unrealistic. Instead, he calls for integrity and transparency in such relationships.



## A NEW DAWN FOR HEALTH REFORM

The dark clouds of our current global financial crisis may well have a silver lining. Lewis and Leeder (*page 270*) point out that it is now fiscally impossible to extend the failed natural experiment of the past decade — of “spending”, rather than thinking, our way to try to achieve health care excellence. Pointing out that financial abundance neither eliminated fundamental problems in health care delivery nor reduced health disparities, Lewis and Leeder say that it is finally dawning on governments that improved health care quality costs less. Further, that the health systems that do best are attuned to users, rather than providers, of services.

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