



In this issue

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CORONARY CRISIS

How (and where) is it best to mend a broken heart? Forge (*page 696*) takes serious issue with clinical practice consensus recommendations recently published in the *MJA* which recommend that all Australians with an acute coronary syndrome have equal access to percutaneous coronary intervention (PCI) facilities. In his view, the guidelines are insufficiently evidence-based; further, they have led to increasing transfers of patients from regional to metropolitan hospitals, a pattern he believes is expensive and disruptive of patient care and which undermines regional services. Authors of the recommendations respond to Forge's comments in this issue, remaining steadfast in their position (*page 700*). Thompson (*page 694*) outlines a place for both evidence-based medical treatment and early invasive treatment in managing patients with an acute coronary syndrome.

FAMILY HISTORY

The good old days when all doctors routinely constructed a three-generation pedigree when taking a patient's family history are probably long gone. However, Langlands and colleagues' formal audit of patient records in a short-stay medical unit (*page 682*) found that nearly three in four records had no family history documented at all. Does this omission matter? Yes, say Emery and colleagues (*page 677*), with an eye, whenever an opportunity presents, on potential health gains for patients and their family members; not really, say Thomas and Thompson (*page 676*), who believe a routine family history is best ascertained when people are not acutely unwell. What do you think?

MEN'S HEALTH MATTERS

Barriers to seeking medical advice may lead some men to explore alternative ways to self-manage their health problems, including erectile dysfunction. They may seek to purchase medication over the internet, thus circumventing the need for a medical consultation. Holden and colleagues (*page 708*) are concerned that such self-management and limited, symptom-specific consultations may be robbing men of the potential to address the increasingly appreciated general health implications of reproductive disorders.

MEDS AIN'T MEDS

The first Australian case of severe hypoglycaemia induced by counterfeit Cialis is reported by Chaubey and colleagues (*page 716*). The counterfeit tablet was imported and contained a potentially lethal dose of a sulfonylurea. And in *Letters* (*page 724*), Dufloy and colleagues warn of cocaine being cut with an unusual adulterant — a veterinary anthelmintic with the potential to cause agranulocytosis.

FAST TRACK VITAMIN D

Hackman and colleagues (*page 686*) call for improved access to high-dose cholecalciferol in Australia. They conducted a prospective, randomised, open-label trial in patients with vitamin D deficiency, comparing the effects of a 10-day, high-dose oral cholecalciferol regimen with those of a 3-month, low-dose regimen. Both increased serum 25-hydroxyvitamin D levels to within the normal range, without vitamin D toxicity. The study authors say the high-dose regimen may be an effective, cheap alternative to consider when treating patients with vitamin D deficiency.

ANOTHER TIME ... ANOTHER PLACE

I was making a transverse section of the heart ... when my knife struck against something so hard and gritty ... on a further scrutiny the real cause appeared: the coronaries were become bony canals.

Edward Jenner, 1799

WHO'S COUNTING?

Which of these two factors has the strongest effect on a woman's alcohol intake during pregnancy — current health policy or alcohol intake prior to pregnancy? To check your answer, see Powers and colleagues' research article (*page 690*). They assessed compliance with different Australian guidelines on alcohol intake during pregnancy, and found that a large group of pregnant women are drinking alcohol at low or moderate levels. Now, the overwhelming research need to be met is to clearly establish the risks associated with different levels of alcohol intake during pregnancy. On another topic, Collie (*page 712*) reports what happened to research activity and output when funding increased for neurotrauma research in Victoria. No prizes for getting this one right. And, we will need to wait a few more years before any gains in health and wealth can be realised.

BIIRDIYA

"Only a minority of my Noongar ancestors survived the first few decades of colonisation, and we've had trouble ever since," says Scott (*page 680*), one of the finalists in this year's Dr Ross Ingram Memorial Essay Competition. Although his community has diminished and is mostly ailing, Scott doesn't believe the Noongar heritage is "finished". In telling the story of his Uncle Lomas's final illness, Scott shows us that reconnecting younger generations with their traditional heritage, through the old stories peopled by heroes and risk-takers, can be a way forward into a healthier tomorrow — a *biirt* (a path, a different kind of path forward), led by a *biirdiya* (a boss or leader familiar with that path).

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