

# In this issue

16 AUGUST

## HOSPITAL POLITICS

Expressing, among other things, the need to “maintain momentum”, the Queensland Government confirmed a decision to merge hospital campuses into a single Queensland Children’s Hospital at a particular location. Davis and Smith (*page 229*) believe that this decision was made with neither broad stakeholder consultation nor a transparent and accountable business case. They call on the federal government to commission an immediate review of the decision.

## THE RIGHT TO DIE?

In England in 2007, a young woman named Kerrie Wooltorton drank ethylene glycol and presented to a hospital with a letter refusing medical treatment. After consulting widely and seeking legal advice, her doctors decided to allow her to die. Her parents have reportedly begun to consider legal action. Ryan and Callaghan (*page 239*) imagine what could happen if a patient presented to an Australian hospital in similar circumstances; they suggest a practical three-stage approach for your consideration.

## GLOBAL KILLER

In Australia, the dangers of asbestos are generally well recognised and asbestos use, import and export are banned. Now, Sly and colleagues (*page 198*) call on all Australians to support the latest international effort to ban the mining and manufacture of all forms of asbestos. They are gravely concerned that in developing countries, especially in Asia and Eastern Europe, thousands, if not millions, of people are likely to die as a result of continued asbestos exposure. They say there is a mistaken belief, refuted by overwhelming scientific evidence, that chrysotile (white asbestos), the only form of asbestos being traded in the 21st century, is less harmful than other forms.

## ANOTHER TIME ... ANOTHER PLACE

The truth is, an immense majority of all die as they are born — oblivious. A few, very few, suffer severely in the body, fewer still in the mind.

Harvey Cushing

## ATYPICAL FEMUR FRACTURES

Physicians need to be aware that patients receiving prolonged oral bisphosphonate therapy could experience a rare “atypical femur fracture”, say Girgis and Seibel (*page 196*). Only described relatively recently, the fracture has a trio of characteristic features — a transverse or oblique fracture line occurring in an area of cortical thickening with a medial uncortical beak. An early warning sign is unexplained thigh or groin pain, probably related to the development of unilateral stress fractures.

## STAY IN BED DAY

About 90000 Australians are potentially at risk of developing symptoms of a mitochondrial disorder. In an editorial, Sue (*page 195*) summarises the myriad clinical manifestations of this disease, which include sensorineural hearing loss and diabetes, and explains the genetic basis for the variability in disease expression. If you’re interested in helping to raise community awareness of this disorder, you might like to consider taking part in the Australian Mitochondrial Disease Foundation’s annual “Stay in Bed Day” on 22 August 2010. (It’s a Sunday.)

## FAT APNOEA

Over the past 21 years, upwards of 14000 new diagnostic sleep studies have been performed by a key service provider in the Hunter New England region of NSW. Pretto and colleagues (*page 213*) report the trends they have observed over this time — while the average age of those studied hasn’t changed, the gender balance has. Most interestingly, they said that there is solid evidence that the severity of sleep-disordered breathing is worsening. Can you guess why?

## CODE STEMI

In treating ST-elevation myocardial infarction (STEMI), every 30-minute delay in percutaneous coronary intervention increases the absolute risk of the patient dying in hospital by 1%. Willson and colleagues (*page 207*) report that a system change in process, incorporating emergency physician activation of the cardiac catheterisation laboratory, significantly decreased door-to-balloon times. Addressing the same clinical condition but from another perspective, Harper and Lefkovits (*page 234*) put forward their case for a randomised controlled trial of STEMI management to be conducted in Australia that would measure the effect of prehospital thrombolysis delivered by suitably trained ambulance officers on patient outcomes.

## FROM POLE TO POLE

Did you know that two in three patients with a bipolar disorder have a comorbid psychiatric condition? Parker (*page S18*) advises on these comorbidities and, when they are deemed interdependent, on two possible broad approaches to their management — hierarchical and sequential. Parker’s article is one of many clinically orientated contributions in a comprehensive supplement to this issue, “Bipolar disorder: new understandings, emerging treatments”.

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