

In this issue

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WHO'S COURTING WHAT?

Australia's move toward plain packaging of cigarette packets has prompted Philip Morris, a multinational tobacco company, to seek an investor–state dispute settlement provision as part and parcel of the Trans-Pacific Partnership Agreement currently being negotiated. This provision would allow governments, including the Australian Government, to be sued if they introduced legislation that impeded the investments of foreign corporations. So say Faunce and Townsend (*page 83*), who remind us that an investor–state clause — which could be considered an undemocratic infringement on domestic sovereignty, with considerable risks to public health and the environment — was expressly excluded in the Australia–US Free Trade Agreement.



DETOUR AHEAD?

Some see an electronic summary care record — typically created not by clinicians but automatically by uploading extracts from existing records — as a first step to building a national distributed shared electronic health record. However, drawing on the UK experience thus far, Coiera (*page 90*) argues that it is more likely to be a problematic diversion; we don't have clarity about its purpose or whether it will be fit for that purpose. Instead, Coiera says we need to keep our eye on the main game, which is to develop a way of sharing our existing health records nationally and connect up the different silos of clinical data.

OUR DAILY BREAD

Since September 2009, Australian millers have been required to add folic acid to wheat flour used in breadmaking. Brown and colleagues (*page 65*) assessed the prevalence of low levels of serum and red blood cell folate in samples assayed at their hospital's lab before and after mandatory fortification of flour with folic acid. Their study provides the first clear evidence that the prevalence of folate deficiency in Australia has significantly decreased since mandatory fortification.

SURVIVING CANCER

Current Australian guidelines for the psychosocial care of adults with cancer advise that, when discussing prognosis, clinicians should provide examples of extraordinary survivors to give hope. By contrast, Baade and colleagues (*page 73*) suggest that, as evidenced in their state-based research, it would be better for patients to understand that the further they progress from the time of diagnosis, the greater their chance of surviving will become. The researchers say this knowledge may be more effective in building realistic hope and in helping people manage uncertainty about the future.

FROM GOOD TO GREAT

Surely, the Australian public are now mature enough to embrace excellence rather than mediocrity in health care, just as they do in sport? Not just one but eight deans put out the call for Australia to establish four to six academic health science centres (*page 59*). In these centres, a leading university joins with a major tertiary health care provider in a tripartite mission of excellence in clinical service, research and education, endeavouring to ensure that the latest advances and highest standards reach patients. The authors indicate that among several hurdles to be negotiated, the real challenge will be winning the hearts and minds of federal and state politicians. They say the things that swung the argument abroad were improved patient outcomes and cost efficiencies.

CARING FOR OUR FUTURE

Over one million children and young adults are admitted to hospital annually in Australia, but pilot testing of various health services shows that we could do much better in meeting their medical and psychosocial needs. Hill and colleagues (*page 78*) outline consensus standards for the care of children and adolescents in Australian health services, which include: separate accommodation, including in critical care areas such as emergency departments and intensive care units; facilities for the parents and carers to stay nearby; access to both play and schooling; and specially trained staff. In an Australian audit, less than 25% of nursing staff in children's wards were found to have relevant postgraduate education in child and adolescent nursing.

HERD IMMUNITY?

Dowse and colleagues (*page 68*) estimate that, in Western Australia, the pandemic (H1N1) 2009 influenza virus infected about 25% of children aged 1–4 years of age, about 40% of older children and teenagers, and about 10% of pregnant women during the 2009 influenza season. Thus, WA achieved at least partial herd immunity during this first wave of the pandemic, which could help to explain the reduced impact of the virus in the winter of 2010.

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ANOTHER TIME ... ANOTHER PLACE

Vitamins are chemicals in food clinically conspicuous by their absence.

Richard Gordon, 1993