

This pioneering spirit



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Next year, it will be 200 years since Blaxland, Lawson and Wentworth crossed Australia's Great Dividing Range, opening up the lands beyond to European exploration and settlement. Last century, other pioneering Australians cleared the way towards better health with discoveries and developments as diverse as penicillin (Florey), lithium (Cade) and *Helicobacter pylori* (Marshall and Warren), and as courageous as life-saving heart surgery (Chang) and our bold public health response to the spectre of HIV infection.

As articles in this issue of the Journal attest, improving Australia's health continues to require determination and innovation, as our researchers and clinicians forge ahead, adapting to the unique challenges of the current era.

Crossing another clinical frontier, Garg and colleagues (page 463) formally report Australia's first liver-intestinal transplant, performed in 2010 on a young man with multiple life-threatening complications of long-term parenteral nutrition for short gut syndrome. Two years later, he now enjoys the freedom of unlimited oral intake and is employed full-time for the first time in 14 years. As Strasser points out in an accompanying editorial (page 429), while this clinical achievement should be celebrated, we need to keep pushing forward in other areas, such as overcoming preventable causes of liver failure and increasing organ donor rates, for the benefit of thousands of Australians awaiting solid organ transplantation.

When one avenue of exploration meets a dead end, the intrepid adventurer must look for others. In treating Crohn's disease, Corte and Selby (page 430) explain that the effectiveness of anti-tumour necrosis factor- α agents has led to the concept of "deep" remission, where both clinical response and mucosal healing occur. However, as some patients do not respond, or stop responding after a promising start, an intensive search is on for other novel treatments.

A major challenge for health care in Australia is providing the best possible medical workforce to deliver

health innovations to our far-flung population. To do this, we rely heavily on doctors whose primary medical qualification is from another country — about one in three or four of our current medical workforce is an international medical graduate (IMG). But it seems that the associated "cultural divide" sometimes creates major challenges of its own. Elkin and colleagues (page 448) studied the risks of complaints to medical boards and adverse disciplinary findings against IMGs in two states. IMGs were at increased risk compared with Australian graduates, but the overall figures masked large differences depending on country of training. Not having English as a primary language was an inconsistent association, and other factors, such as differences in health systems, training and work practices, were raised as potential contributors, as was the possibility of cultural bias among the complainants.

In a linked editorial (page 428), Nair and Parvathy, proud IMGs themselves, emphasise the need for a proactive and tailored approach to assessing, mentoring and supporting IMGs. They urge adoption of the recommendations made in the federal government's recent report, *Lost in the labyrinth: report on the inquiry into registration processes and support for overseas trained doctors*, including the need for cross-cultural orientation.

Our medical pioneers continue to inspire and enthuse us. At last count, the *MJA*'s most cited article was John Cade's landmark report on the effect of lithium salts in 10 patients with mania (*MJA* 1949; 2: 349-352). The National Health and Medical Research Council (page 434) has recently announced the NHMRC John Cade Fellowship in Mental Health Research — an exciting initiative that will provide successful applicants with funding to support themselves and a team of researchers for a 5-year project. May their expeditions be successful and of benefit to all health care recipients, at home and abroad.

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More than money

It may not have the financial lure of the procedural subspecialties in gastroenterology, but hepatology has many other rewards, according to doctors who spoke to us for this issue's Career Overview (page C1). The treatment of liver disease has come a long way in the past 20-30 years, with liver transplantation saving and transforming the lives of people who once would have had no hope, and new and emerging treatments transforming the management of chronic hepatitis. At the research level, hepatology

offers much scope for both young and experienced doctors, with Australian doctors recognised as world leaders. We meet one of those leaders, Professor Geoff McCaughan, who is profiled in Medical Mentor (page C5). In Road Less Travelled (page C6), intrepid adventurer Dr Gareth Andrews talks about his plans to trek 500 km from the Canadian Rockies to the North Pole, while Money and Practice looks at key questions you should ask before renovating your practice (page C7).

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