Fewer mixed signals, more green salad

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The communication of public health expertise for the benefit of individuals and the community is necessarily complex in its content and delivery. Isolated public health pronouncements tend to be lost among all the information people need to assimilate in daily life and their disinclination to be told what to do. Public health messages need commitment to sustained, inclusive and responsive strategies that engage the whole community.

As with campaigns against tobacco use, product industries and suppliers are important elements to engage as part of a public health strategy. In an article in our series leading up to the federal election, Magnusson and Reeve (*page 89*) say that much more has to be done to encourage people to make healthier food choices to prevent chronic disease. They argue that food industry self-regulation has (perhaps inevitably) failed to decrease the consumption of unhealthy foods or people's exposure (particularly children's) to their marketing. The food industry, with commercial interests that run up against what governments want, sends mixed signals about its willingness to support healthy eating. Magnusson and Reeve do not advocate direct legislative controls on marketing and availability. Instead, they call for legislation to "scaffold" the industry self-regulation already in place, so that no incentive is given to companies' efforts to present their unhealthy products. In this way, self-regulation becomes transparent and accountable, building community trust.

Encouraging desired behaviour in health does not always involve an iron fist in a velvet glove. Positive incentives can also get important players in health to act in the community interest. Cheng and Nation (*page 81*) highlight the importance of regulatory "loosening" to encourage more pharmaceutical company investment in antimicrobial research and development. Resistance to antimicrobials means that new agents (of which there are few in development) are needed, and old drugs that are now finding a renewed role need to be redeveloped. The authors cite the United States Food and Drug Administration's moves to license agents based only on small, less expensive trials, but to limit their use to carefully selected patient subgroups, backed by robust postmarketing surveillance. It is an interesting, but in the end complementary, message in the context of wholesale rationing and close supervision of antimicrobial usage.

Nothing is a more potent signal for action than success. Tasmania can now confidently declare that it is free of human hydatid disease, after a successful eradication program largely concluded in 1996. O'Hern and Cooley (*page 117*) show that new notifications of human hydatid disease between 1996 and 2012 cannot be attributed to exposure in this period. Does this demonstrate that eradicating human hydatid disease from the rest of Australia is achievable?

New movements towards better care also indicate what good clinical care and good clinical research need — each other. In the last article to emanate from the *MJA* Clinical Trials Research Summit, Winship and colleagues (*page 90*) argue that investigator-led trials geared towards determining the most effective care deserve direct funding from the health system, and that such trials should be embedded in the course of clinical care. This is not simply a grab for more research money. It acknowledges that day-to-day high-quality care depends on high-quality trial evidence to iteratively inform practice. This is an important message for the profession and the community about how good care and good research should be operationally inseparable.

Medicine and health depend on delivery of signals to the community that are informed by the medical profession. The time of division and antagonism between government and commercial interests has now passed, if it ever existed. Instead, to give the community clear signals about taking their health destiny into their own hands, with the support of the medical profession, we need collaboration and partnership to transform opposing agendas into mutual interests, and to highlight successes. ❑

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Careers follows p 136

The boom in social media in the past 5 years has proven a boon to many professions, including medicine, but it also comes with risks. A practice's good name is a valuable asset that's now more vulnerable than ever, thanks to social media. The good news is there are ways of managing your business's online profile so not only are your patients kept happy, but you don't breach the Australian Health Practitioners Regulation Agency guidelines. Geraldton GP Dr Edwin Kruys and others speak with Annabel McGilvray about the pros and pitfalls of the social media world (*page C1*). Professor Helen Chenery is a speech pathologist keeping a large group of neurosurgeons, engineers and ethicists on track as they research deep brain stimulation's role in making patients' lives better. She speaks with Cate Swannell (*page C4*). ❑