



Jon Nazca/Reuters

A member of the Spanish Red Cross feeds an African immigrant's baby next to other African migrants as they rest inside a sports centre after arriving on a rescue ship at the southern Spanish port of Tarifa, near Cadiz. Spanish emergency services picked up some 920 immigrants travelling in about 81 rafts across the Strait of Gibraltar, a spokesman for the Spanish Red Cross said.

From the Australian Institute of Health and Welfare

Australians are living longer, but chronic diseases are taking a toll

Australia's health 2014, the 14th biennial health report of the Australian Institute of Health and Welfare, shows Australia has much to be proud of in many areas of health, but lifestyle-related chronic diseases are taking an increasing toll.

On the positive side, the report shows that Australians have increasingly longer life expectancy, lower death rates for cancer and many other diseases, and a health system that people say they are mostly happy with.

Life expectancy, the "universal health indicator", places Australia among the top nations in the world — sixth for men and seventh for women — but very close to the first-placed nations in 2011 (Iceland for men, Japan for women).

Australians are living 25 years longer on average than a century ago,

so that a boy born today can expect to live to 79.9 years, and a girl to 84.3 years.

On the "room for improvement" side, the report shows that Australians are increasingly living with chronic diseases and their risk factors, which are related to our ageing population as well as to lifestyles and health habits.

Chronic diseases are the leading cause of illness, disability and death in Australia, accounting for 90% of all deaths in 2011.

The report also highlights health issues at various life stages, with findings such as:

- cancer survival 5 years after diagnosis for 0–14-year-olds improved from 68% to 81% between 1983–1989 and 2004–2010;
- mental health disorders affect an estimated 26% of young people



Australian Government
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doi: 10.5694/mja14.00969

aged 16–24 years. Around one-third of people in this age group are overweight or obese;

- among 25–44-year-olds, the top two causes of death for men in 2011 were suicide and accidental poisoning, and for women, suicide and breast cancer. Among 45–64-year-olds, the top two causes of death for men were coronary heart disease and lung cancer, and for women, breast cancer and lung cancer; and
- the most common long-term health conditions afflicting older Australians (65 years and over) are arthritis, high blood pressure and hearing loss.

The full report is available at:
<http://www.aihw.gov.au/publication-detail/?id=60129547205>. □

News

Resources for managing female genital mutilation

The **Multicultural Centre for Women's Health** has developed a toolkit to help health care professionals who encounter cases of female genital mutilation (FGM) in Australia, *The Lancet* reports. The National Education Toolkit for Female Genital Mutilation/Cutting in Australia (NETFA) facilitates coordination with existing state-based FGM prevention and education programs. It is designed to provide "opportunities for dialogue and collaboration, and national coordination on key messages, best practice and community directed resources", according to the NETFA website. Resources include a best practice guide, literature review, national standards, and a Sharing Our Strengths National Symposium.



Quasi-legal "heroin" hiding in plain sight

Science Daily reports that acetyl fentanyl, an opiate mixed with street drugs and marketed as heroin, is causing increasing rates of heroin-like overdoses presenting to North American emergency

departments. Data published in *Annals of Emergency Medicine* suggest that acetyl fentanyl can be five to 15 times stronger than heroin, presents in a similar way to a heroin overdose, but does not respond to the standard dose of naloxone. It exists in a legal "grey area" in which it is legal if marked as "not for human consumption". Users may not be aware that they are taking something other than heroin. Lead author, Dr John Stogner said: "One of the many downsides of illegal drugs is you just can't trust your drug dealer. The trend of adulterants being worked into street drugs to make them more potent is dangerous."

Congo polio strain resistant to vaccine

An outbreak of poliomyelitis in the Republic of Congo in 2010 was caused by a strain of the virus that resists immune responses mounted by vaccinated people, *Nature* reports. Those treated with the newer, live oral vaccine are protected against the strain, but there remain fears that those who receive the weaker "dead" vaccine — common in developed countries — are vulnerable. German researchers found a never-before-seen combination of two mutations which make it harder for antibodies to bind to the virus, according to data in *Proceedings of the National Academy of Sciences*. They found that in a group of vaccinated German medical students, 15%–29% were "essentially unprotected" from the 2010 Congo virus. Lead author Dr Christian Drosten said "fresh immunity caused by a fresh re-vaccination will stop it". However, when the rarer strains arrive in areas where dominant strains are eradicated but vaccine coverage is incomplete, outbreaks similar to the deadly one of 2010 could arise.



Cate Swannell doi: 10.5694/mja14.n0901



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Suggested topic:

What should government (local/state/federal) do to help stop the increasing number of aged care facilities closing down in our regional centres?

Do you think climate change should be on the G20 agenda?

Climate change has been an item on the agenda at past G20 summits, and should be front and centre in Brisbane in November. The G20 has a pivotal global role in addressing climate change as G20 members account for three-quarters of annual CO₂ emissions. The 2013 G20 Leaders Declaration recognised that climate change has major economic costs. A growing component of these costs are those connected with the public health impacts of climate change, including heatwaves and the spread of disease. This summit provides an opportunity for leadership on climate change within the G20 that should not be missed.

Associate Professor Tim Stephens

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End-of-life care and organ donation

There is an ongoing reluctance among many clinicians to discuss some aspects of end-of-life care. Patients should be asked for their views on all aspects of end-of-life care including organ and tissue donation. Rather than "not for resuscitation", the patient may be declared "resuscitation for donation". If a patient-focused approach is at the core of our desire to limit treatment where it is deemed futile and death is inevitable, we must also advocate for those who wish to become a donor. The culture and ethics in this area are never stationary. Clinicians and allied health care workers should lead the debate.

Dr Bruce Powell

WA State Medical Director, DonateLife
Perth, WA



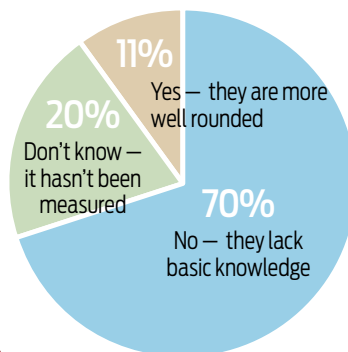
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MJA InSight Poll

Do you think problem-based learning has produced better doctors?

Total respondents: 122

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