In brief



A boy watches as workers on a truck fumigate the Petare slum district of Caracas to help control the spread of chikungunya and dengue fever, which are caused by mosquito-borne viruses. Medical shortages have complicated Venezuela's efforts to treat outbreaks of these fevers, creating long lines at pharmacies to buy analgesics and leaving the ill without ways to control the arthralgia that they cause. Venezuela has South America's highest incidence of chikungunya, a virus of African origin.

Carlos Garcia Rawlins/Reuters/Picture Media

From NPS MedicineWise

A real-world, data-driven view of general practice prescribing

In my years of working in the health sector, one of the biggest ongoing challenges we are yet to resolve is how to get access to quality population-level data. In this era of progressive health informatics, and despite our incredible advancements in technology, it continues to be a tricky problem.

In 2012, NPS MedicineWise set out to develop a way to better understand prescribing behaviour in Australian general practice — how medicines are prescribed, for whom and why, and what happens when new medicines become available. This program is called MedicineInsight and over 300 practices nationally are now participating, representing over 1500 general practitioners and 3.5 million patient encounters to date.

So how does it work? Using a custom-built data extraction tool that operates seamlessly and securely in the background with the practice's clinical software, non-identifiable patient and clinical care information from participating practices is collected and analysed. Regular reports and whole-of-practice facilitated discussions assist GPs to track their patient care over time, and in particular their prescribing of medicines. This provides a better understanding of the effect of those medicines on patients and where health care improvements could occur, either in practice or in policy. The program is government-funded and received ethics approval from the Royal Australian College of General Practitioners. Early evaluation



Lynn M Weekes Chief Executive Officer

NPS MedicineWise

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indicates that participants greatly value the tailored reports they receive to inform and improve their clinical practice and patient care.

MedicineInsight has the potential to be the primary source of real-world general practice data on patient care, from diagnosis through to medicines used, tests ordered and clinical impacts of management. These unique longitudinal data will inform health services planning, monitoring and evaluation at all levels - from the individual patient to the whole health system. However, realising this potential relies on more practices becoming involved. More information on the program and how to register is available at http://www. medicineinsight.org.au.

News

Wearable devices one step nearer to implantable

Devices that collect personal health data will soon be implantable in the human hand, *Wired* reports. In the wake of Google Glass and wrist-wearable smartwatches comes a tiny digital tattoo called UnderSkin, "a flat pentagonal device that would be implanted just beneath the skin on your hand and charge off your body's energy". As well as tracking basic health care, the device could also be used for unlocking doors, making payments and even recording personal history and relationships, say its developers, who believe the device will become a reality in the next 5 years. The implant may glow different colours, to indicate a health alarm, or holding a loved one's hands.

http://www.wired.com/2014/10/wearable-gadget-implanted-hand-isnt-freaky-youd-think/

3D printed model guides surgeons through baby's heart

New York surgeons have used a three-dimensional printed model of a week-old baby's heart to guide them through complicated surgery to repair the effects of congenital heart disease, *Medical News Today* reports. Normally, a baby with such defects would need three or four surgeries, said Dr Emile Bacha, chief of cardiac, thoracic and vascular surgery at New York Presbyterian/Columbia University Medical Center. "In the past, we had to stop the heart and look inside to decide what to do", said Dr Bacha. "With 3-D printing technology, we are able to look at the inside of the heart in advance, giving us a road map for the surgery. It's clear that 3-D models can be successfully used to help surgeons in complex procedures. This technology is the future." http://www.medicalnewstoday.com/releases/284001.php

Young children and e-cigarette poisoning



A senior doctor with the US National Center for Environmental Health has warned that young children are at risk of nicotine poisoning as the popularity of e-cigarettes increases,

Medscape reports. Dr Kevin Chatham-Stephens wrote that e-cigarettes appeal to children through their colours and flavours, and are dangerous because of the lack of childproof containers for the liquid nicotine and the concentrated nature of the nicotine. "The early signs of nicotine poisoning may include tachycardia, diaphoresis, nausea, and vomiting, and late signs include hypotension, seizures, respiratory depression, and death", Dr Chatham-Stephens wrote. "Infants and toddlers, who engage in activities such as hand-to-mouth and curiosity-seeking behaviours, are at particular risk for ingestion of e-liquid." http://www.medscape.com/viewarticle/832938?src=rss

NHMRC grants total \$540 million

Cancer research received \$98.9 million in funding from the National Health and Medical Research Council in the latest round of grant announcements. Studies on cardiovascular disease received \$82.4 million, on diabetes, \$54 million, and on Indigenous health, \$50 million. Mental health research projects were granted \$38.5 million, while injury research received \$26 million, and dementia research \$18 million. Obesity, arthritis and asthma research received \$12 million each. Health Minister Peter Dutton announced the grants, which totalled \$539.8 million over 773 projects.

https://www.nhmrc.gov.au/grants/outcomes-funding-rounds

Cate Swannell doi: 10.5694/mja14.n1103

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Email comments on this issue's suggested topic and you could receive \$50.00 How do specialists approach shared decision making with patients who attend with information obtained from internet searches?

The Ebola crisis and consequences for women and children

As the Ebola epidemic intensifies, so too the wider public health implications, especially for women and children. To address the high mortality and morbidity for both in Sierra Leone, Médecins Sans Frontières has spent the past 10 years running the Gondama Referral Centre near Sierra Leone's second largest town, Bo. But as of 15 October 2014, the 200-bed hospital, providing comprehensive emergency obstetrics, newborn care and paediatric services, is temporarily closed.

Given the high risk of contamination by body fluids associated with deliveries and surgeries it is extremely difficult to fully protect staff from infection, despite the rigorous protocols in place. The decision reasoned that if flawless infection control is not guaranteed, not only staff but patients too are at risk.

The closing of the hospital highlights a catastrophic situation for vulnerable groups such as pregnant women and children, whose health needs cannot be deferred but represent growing collateral damage from the Ebola crisis.

Kara Blackburn

Medical Advisor — Womens' Health, Médecins Sans Frontières Australia, NSW

Schedule 8 drugs

Doctors across all specialties must take time to familiarise themselves with regulations (especially permits) regarding the prescription of the entire list of Schedule 8 drugs (dexamphetamine, lisdexamfetamine, methylphenidate, alprazolam, flunitrazepam, opioids) from the appropriate website, for example, in Victoria, the Drugs and Poisons Regulation website (www.health.vic.gov.au/dpcs). The prescription of any Schedule 8 drug without meeting the necessary legal requirements is likely to cause problems to patients and land doctors in legal trouble.

Arunava Das Psychiatrist, VIC

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Visit: www.mja.com.au/journal/mja-instructions-authors-types-articles-published-mja#Comments

Should hospitals do more to ensure the dignity of patients? Take part in next week's poll on: www.mja.com.au/insight 87% Yes – it's essential Yes – but not always possible 12% No – rules are already in place

Total respondents: 131

The poll results in the 20 October issue of the MJA "Should professional colleges and medical schools do more to educate doctors about deprescribing?" were incorrect. The answer "Yes – protocols urgently needed" received 88% of the vote.