



Nurses carrying newborn babies suffering from critical diseases stand in a lift as they transfer them to the Hangzhou Maternity Hospital's new building in China. About 38 children under police escort were transferred to the new hospital site, which includes a six-bed paediatric intensive care unit.

Picture: Chance Chan/Reuters/Picture Media

From the NHMRC

Can Australia's clinical practice guidelines be trusted?

Trustworthy clinical practice guidelines can improve the health of the population and lead to more efficient and effective investment in health care. Take cerebral palsy, for example, a condition that, in 2008, was estimated to cost the Australian taxpayer \$3.87 billion per annum (<http://www.adelaide.edu.au/arch/antenatalMagnesiumSulphateGuidelines.pdf>). The Australian antenatal magnesium sulfate guidelines, approved by National Health and Medical Research Council and released in 2010, have been implemented successfully in 90% of tertiary maternity hospitals, and are estimated to be preventing more than 150 new cases of cerebral palsy from occurring each year (*Aust N Z J Obstet Gynaecol* 2013; 53: 86-89). Considering the estimated annual cost to the community of \$115 000 per person with cerebral palsy, the cumulative long-term savings from this single guideline will be substantial.

Significant time, effort and resources are spent developing clinical practice guidelines for use in Australia. Between 2005 and 2013, 1046 such guidelines were published. Most, however, are of disappointingly poor quality and should not be trusted to inform decision making. Most do not describe the processes used to develop them and lack transparency around who authored them, with one in three containing no information at all about the guideline development group or the authors. Fewer than one in five guidelines make any reference to the evidence underpinning the recommendations made, and fewer than one in 10 are informed by systematic reviews of the evidence. Possibly of greatest concern is that 93% do not have clearly documented processes for identifying and managing conflicts of interest (https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/nh165_2014_nhmrc_clinical_guidelines_annual_report_140805.pdf).

This situation cannot continue. Poor-quality guidelines lead to poor-quality decisions and will have a direct, negative impact on the health of Australians. The NHMRC is working with the Australian Commission on Safety and Quality in Health Care (<http://www.safetyandquality.gov.au>) and the Commonwealth Department of Health on a more sensible national framework for developing more reliable and trustworthy clinical practice guidelines and clinical care standards for Australia.



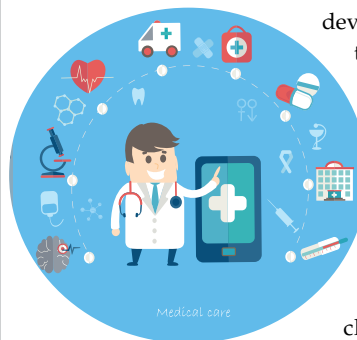
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Big Data applications focus of financial interest

Fortune magazine reports that applications designed to speed up medical diagnostics and clinical trials are the big focus of the coming year. Software underpinning real-time analytics used to identify sepsis is one example of technology attracting financial backing. The app “continuously monitors medical device data and alerts clinicians when a patient appears to be at risk”. The Living Heart Project combines data about “physics of the human body” with information about materials used in medical



devices such as pacemakers to anticipate how they will perform over time, according to *Fortune*. “The idea is to predict potential failures and speed innovation, while reducing the amount of money spent on client trials.”

Vitamin D linked to serotonin production

The *Boston Globe* reports that researchers from the Children's Hospital Oakland Research Institute in California have found vitamin D “regulates the enzyme that converts the amino acid tryptophan into serotonin, a neurotransmitter believed to help regulate moods and direct brain development while in the womb”. The finding has plenty of potential. “This work ... is significant because it describes a potential pathway linking vitamin D with serious mental conditions, and may explain some of the features of these diseases,” the *Globe* quoted Harvard's chairman of nutrition, Dr Walter Willett as saying.

Daily porridge key to long, healthy life

Britain's *Telegraph* reports that a bowl of porridge a day may be the key to a long and healthy life. A Harvard University study involving 100 000 people monitored their diet and health outcomes over more than 14 years, from 1984 until follow-up in 2010. “Those who ate the most whole grains, such as porridge, brown rice, corn and quinoa seemed protected from many illnesses and particularly heart disease”, the *Telegraph* reports. The study found that for each ounce (28 g) of whole grains eaten a day — “the equivalent of a small bowl of porridge” — the risk of all death was reduced by 5% and heart deaths by 9%.



Top 5 MJA articles online for 2014

1) *Research*: Association between tobacco plain packaging and Quitline calls: a population-based, interrupted time-series analysis

doi: 10.5694/mja13.11070

There has been a sustained increase in calls to the Quitline after the introduction of tobacco plain packaging.

2) *Editorial*: Copayments for general practice visits

doi: 10.5694/mja14.00223

3) *Research*: headspace — Australia’s innovation in youth mental health: who are the clients and why are they presenting?

doi: 10.5694/mja13.11235

4) *Perspective*: Open letter to the Hon Tony Abbott MP

doi: 10.5694/mja14.01074

5) *Perspective*: Excessive occupational sitting is not a “safe system of work”: time for doctors to get chatting with patients

doi: 10.5694/mja13.00037

Top 5 MJA InSight articles for 2014

1) *Battlelines on role of e-cigs*

<https://www.mja.com.au/insight/2014/22/battlelines-role-e-cigs>

The role of e-cigarettes in smoking cessation has split Australian experts, with the battlelines drawn between harm minimisation and tougher regulation.

2) *Time to start deprescribing*

<https://www.mja.com.au/insight/2014/35/time-start-deprescribing>

3) *Dramatic rise in clenbuterol use*

<https://www.mja.com.au/insight/2014/7/dramatic-rise-clenbuterol-use>

4) *International medical graduates still treated unfairly*

<https://www.mja.com.au/insight/2014/41/imgs-still-treated-unfairly>

5) *Dabigatran caution urged*

<https://www.mja.com.au/insight/2014/42/dabigatran-caution-urged>

Afghan health care at risk as aid scaled back

The American military newspaper *Stars and Stripes* reports that although health care in Afghanistan has improved since the end of the Taliban regime 13 years ago, those gains are at risk as international militaries and aid organisations scale back and withdraw. “Maternal mortality has been reduced by 80 percent and child mortality by 60 percent, according to USAID; life expectancy has risen, and more rural Afghans have access to health care”, *Stars and Stripes* reports. However, equipment is breaking down, it is becoming harder to find the money to fix or replace it; and no Afghan-run hospital has a computed tomography scan or magnetic resonance imaging machine. Other problems include a lack of qualified Afghan doctors, particularly women, and a lack of access, particularly for those in areas still in combat.

Cate Swannell doi: 10.5694/mja15.n0119

MJA Comments

The best *MJA Comment* each month will receive \$50.00

Email a 100-word comment on any health-related topic to: comments@mja.com.au

Send us your thoughts on this issue's suggested topic:

[Do you support the NSW Government's clinical trial of medical cannabis?](#)

Interpreting climate change

A recent letter published in the *MJA* on climate change presented selective and misleading interpretation of data while entirely ignoring the comprehensively explained conclusions of the latest report on the state and causes of climate change issued by the International Panel on Climate Change, a body that was quoted in the letter. Was this report even read?

As a scientific journal, the *MJA* should strongly support scientific evidence which is robust. The so-called “climate sceptics”, many of whom have vested interests, seek to portray the scientific evidence as being controversial or in doubt and they skilfully use the media to their own ends.

Their position reminds me of those sad individuals who refused to accept and continued to fight the notion that cigarettes damage human health in the face of overwhelming evidence.

Ted Vidor
General Practitioner, TAS

Ethical challenges

Thank you for publishing the very disturbing article *Ethical challenges for doctors working in immigration detention* (doi: 10.5694/mja14.01014). These “boat people” have the initiative to make their own journey and could contribute so much to our society. That they have hearing aids, medications and medical papers removed, and that they are referred to by number not by name, is dehumanising in the extreme.

Similar things happened elsewhere 70 years ago, and these atrocities led to the Universal Declaration of Human Rights (1948), and the Refugee Convention (1951). The government’s bill, which has passed the senate, removes all references to the latter, negating our signature, and allows us to return people, including children, at risk of torture back to the very country they have fled.

Doctors have a duty to speak up.

Jane Ralls
General Practitioner, WA

Congratulations: Arunava Das (Psychiatrist) from Victoria will receive \$50.00 for his comment **Schedule 8 drugs** (*MJA* 3 Nov, p505).

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

MJA InSight Poll

What incentives do you think should be used to retain rural doctors?

- Better locum support
- Additional incentive payments
- Incentives shouldn't be needed
- Combination of initiatives

Total respondents: 70

Take part in next week's poll on: www.mja.com.au/insight

