

Lancet commission on health and climate change

The first UCL Lancet Commission report — a collaboration between *The Lancet* and **University College London** — has been published, setting out how climate change over the coming decades could have a disastrous effect on health across the globe. The report examines practical measures that can be taken now and in the short and medium term to control its effects. The report “outlines the major threats—both direct and indirect—to global health from climate change through changing patterns of disease, water and food insecurity, vulnerable shelter and human settlements, extreme climatic events, and population migration”. “A new advocacy and public health movement is needed urgently to bring together governments, international agencies, non-governmental organisations, communities, and academics from all disciplines to adapt to the effects of climate change on health.”

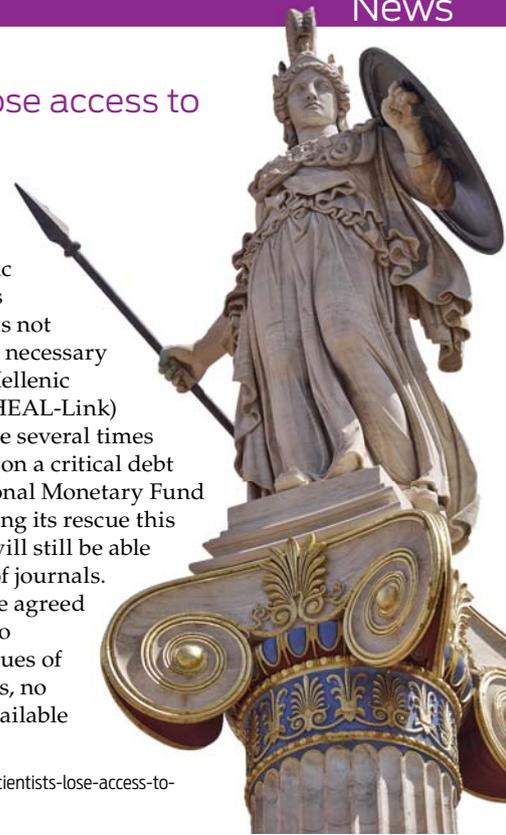
<http://www.thelancet.com/commissions/climate-change#Jun23>



Greek scientists lose access to digital journals

Nature reports that Greek scientists in universities and research institutes have lost access to electronic journals from 27 publishers because the government has not provided funds to keep the necessary internet portal open. The Hellenic Academic Libraries Link (HEAL-Link) has been saved from closure several times but with Greece defaulting on a critical debt repayment to the International Monetary Fund on 1 July, nobody is expecting its rescue this time around. HEAL-Link will still be able to provide archival issues of journals. Some of the publishers have agreed to a 3-month grace period to continue providing new issues of their journals, but for others, no new issues will be made available from now on.

<http://www.nature.com/news/greek-scientists-lose-access-to-digital-journals-1.17908>



Mystery surrounds India's health survey

The first major health survey of India's women and children since 2007, which was due to be published by the Indian government in October 2014, remains unreleased, reports the **BBC**. The Rapid Survey of Children measured and weighed almost 100 000 children and interviewed more than 200 000 people across the country's 29 states. Leading development economist Jean Dreze told the BBC the delay in publication was “an absolute scandal”. The Indian government spends just 1% of its gross domestic product on health care — one of the lowest figures in the world. Unicef told the BBC it understands that the Indian government is “reviewing the survey methodology”.

<http://www.bbc.com/news/world-asia-33369710>

WHO validates Cuba's elimination of mother-child HIV transmission

Cuba has become the first country in the world to receive validation from the World Health Organization that it has eliminated mother-to-child transmission of HIV and syphilis, **WHO** reports. “Eliminating transmission of a virus is one of the greatest public health achievements possible”, Dr Margaret Chan, WHO Director-General, said. “This is a major victory in our long fight against HIV and sexually transmitted infections, and an important step towards having an AIDS-free generation.” WHO estimates that every year, globally, 1.4 million women living with HIV become pregnant. “Untreated, they have a 15-45% chance of transmitting the virus to their children during pregnancy, labour, delivery or breastfeeding. However, that risk drops to just over 1% if antiretroviral medicines are given to both mothers and children throughout the stages when infection can occur. The number of children born annually with HIV has almost halved since 2009 — down from 400 000 in 2009 to 240 000 in 2013.”

<http://www.who.int/mediacentre/news/releases/2015/mtct-hiv-cuba/en/>

New leadership team for Medical Deans



Professor Nicholas Glasgow, Dean of Medicine at the Australian National University in Canberra, has been announced as the new president of Medical Deans Australia and New Zealand. Also appointed were Professor Richard Murray (James Cook University) as Vice President, Professor Michelle Leech (Monash University) as Treasurer, Professor Alison Jones (University of Wollongong) as Secretary and Professor Ian Symonds (University of Newcastle),

Professor Peter Crampton (University of Otago) and Professor Brendan Crotty (Deakin University) as members. The new executive committee will serve for 2 years. One of Professor Glasgow's first duties as President will be to jointly sign the new Collaboration Agreement between Medical Deans and the Australian Indigenous Doctors' Association next month in Townsville.

<http://www.medicaldeans.org.au/category/news-resources/media-releases/>

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Activists of the All-Ukrainian Network of People Living with HIV/AIDS, a non-governmental group, take part in a rally in front of the Ukrainian cabinet of ministers building in Kiev on 1 July. Demonstrators were protesting against the lack of government-supplied medicine for the around 30 000 HIV-infected people in Ukraine. The placard reads: "A queue for medicines".

Picture: Gleb Garanich/Reuters/Picture Media.

From the NHMRC

Recruitment into clinical trials — patient, recruit thyself

Improving rates of recruitment into clinical trials, especially later-stage trials that require more participants, is a big challenge facing the Australian clinical trials sector. Successful clinical trials require not just sufficient funding, talent and clinical know-how, but also an adequate number of participants.

Already, Australia lags behind the United Kingdom in this regard. In June 2014, the UK's National Institute for Health Research Clinical Research Network announced its three millionth participant in trials conducted over the previous 6 years (<http://www.crn.nihr.ac.uk/blog/news/patient-recruitment-to-research-studies-hits-three-million>). In contrast, a benchmarking survey of Australian clinical research activity by the Pharmaceuticals Industry Council indicated that 53% of Phase III trials carried out in Australia in 2010 achieved less than 80% of their recruitment target.

So, how can we boost recruitment? One method is by capturing more participants at clinics by improving the recruitment process at that stage. Perhaps a more useful approach would be to give potential participants the ability to register for trials themselves. While such functionality already exists for specific conditions, a resource that provides information on all Australian clinical trials for all conditions

would greatly benefit clinical research.

Through work conducted by the National Health and Medical Research Council and the Australian Government Department of Industry and Science, there is now such a resource. The recently launched Australian Clinical Trials website (<http://www.australianclinicaltrials.gov.au>) allows potential participants to take matters into their own hands. With a few clicks of the mouse, individuals can find a trial in which they are interested and send a pro forma email to the contact person for the trial.

This is a big step in the right direction. Encouraging patients and clinicians to use this resource to its best advantage will be the next challenge. Meanwhile, the government will continue to work on other aspects of clinical trial recruitment to keep Australia competitive in the clinical trials space.



Australian Government

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Top 5 MJA articles online since 15 June 2015

1) *Research: The crux of the matter: did the ABC's Catalyst program change statin use in Australia?*

Following airing of the Catalyst program, there was a temporary increase in discontinuation and a sustained decrease in overall statin dispensing

doi: 10.5694/mja15.00103

2) *For debate: Government action on diabetes prevention: time to try something new*

doi: 10.5694/mja14.01611

3) *Editorial: Let the children go — advocacy for children in detention by the Royal Australasian College of Physicians*

doi: 10.5694/mja15.00515

4) *Perspective: The scourge of managerialism and the Royal Australasian College of Physicians*

doi: 10.5694/mja15.00170

5) *Editorial: The Forgotten Children: National Inquiry into Children in Immigration Detention 2014*

doi: 10.5694/mja15.00551

Meanwhile, in MJA InSight ...

Be alert for Lyme disease

"Cases [of Lyme disease] that do occur are imported from a known endemic area — which is most of the rest of the world" — Professor Miles Beaman, medical director of Western Diagnostic Pathology and clinical professor of microbiology at the University of WA

<https://www.mja.com.au/insight/2015/25/be-alert-lyme-disease>

Mandatory treatment slammed

"We have invested for decades in a raft of services we know can achieve positive results. Why not build on that before stepping into an area that is much higher risk and represents a huge investment for an unknown outcome?" — Professor Ann Roche, director of the National Centre for Education and Training on Addiction at Flinders University

<https://www.mja.com.au/insight/2015/25/mandatory-treatment-slammed>

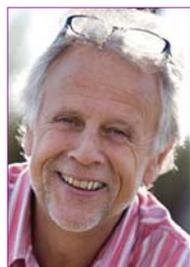
Erwin Loh: Bring back care

"After all, we can only cry so much, for so many days" — Professor Erwin Loh, chief medical officer at Monash Health, Victoria

<https://www.mja.com.au/insight/2015/25/erwin-loh-bring-back-care>

MJA Podcast

Podcasts are available at www.mja.com.au/multimedia/podcasts and from iTunes. Also available as videos at www.mja.com.au/multimedia



Dr Frank Jones *President of the Royal Australian College of General Practitioners*

Dr Jones talks about the College's new promotional campaign — "A good GP never stops learning" — and other issues pertinent to today's GPs. Dr Jones is a country GP of over 30 years' experience, including stints with the Royal Flying Doctor Service, a practice in Kalgoorlie, Western Australia, and his current practice in Mandurah, WA.

MJA InSight Poll

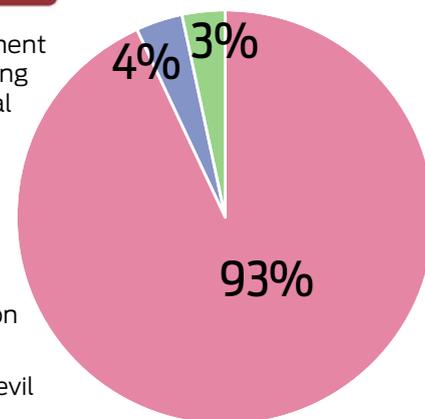
Has the federal government gone too far in threatening to jail doctors who reveal abuse or substandard care in immigration detention centres?

Total respondents: 216

■ Yes – it's outrageous

■ Maybe – depending on circumstances

■ No – it's a necessary evil



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

MJA Archive: 1985

Advances in imaging technology and their implications

The advance of computer technology has allowed the development of sophisticated methods of organ imaging.

Diagnostic ultrasound, x-ray computed tomography (CT) and positron emission tomography (PET) have already changed the nature of diagnostic medicine; more recently, digital radiography and nuclear magnetic resonance imaging (MRI or NMR) have arrived to assist and bewilder us.

The important factor is that scarce health dollars must be used most efficiently to improve the outcome of medical disorders. It should be possible for the government and the health professions to achieve some agreement on the best means of providing these facilities and guidelines for their use. Experience suggests that, at this point, efficiency is best served by government and its agencies leaving decisions to those in the workplace. Academic medicine has an important role in constraining health costs through its ability to convey to students and young graduates the principles of cost efficiency and the philosophy that diagnostic uncertainty should be accepted, unless clear patient benefits can be anticipated from further investigations. The desire to know should not be equated with the need to know.

We are being carried along by an accelerating wave of technological change in diagnostic imaging. The completely electronic, digitalised and integrated imaging department in a major hospital is now a feasible entity. Images can be transmitted online for remote viewing on the ward, or even across a city or a continent. Normal anatomy and physiology can be imaged with increasing clarity, both for teaching purposes and for even more accurate diagnosis. Rapid change is uncomfortable and unpredictable in the effects. Previously conceived attitudes may no longer be relevant. The attitudes of bureaucrats, health professionals and the general public must not be rigidly based if we are to gain maximum benefit from the scientific achievements of the past decade.

John Palmer

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(edited abstract 7 January 1985)