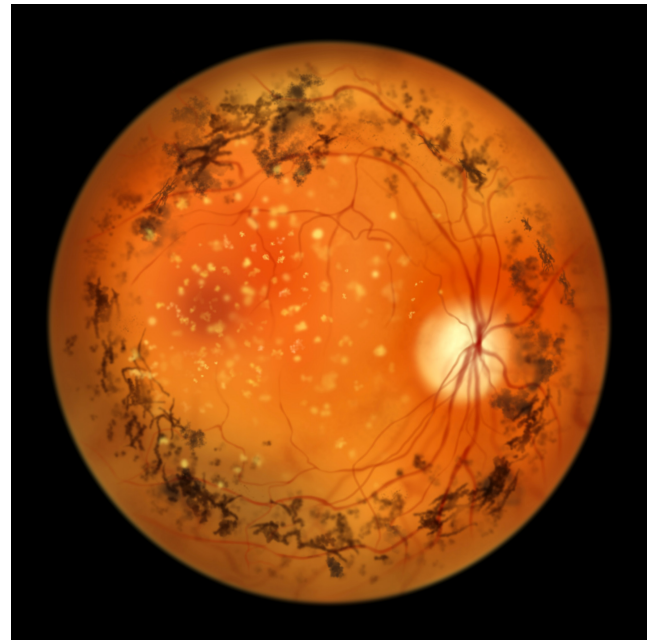


Taking a wide view of what affects health and health care

This issue of the *MJA* covers a range of topics, outside usual clinical care, which demonstrate the importance of taking a wide view of what affects health and health care in modern times, and recent Australian history.

In their research article, Schofield and colleagues take a modelling approach to assessing the health care and societal costs of inherited retinal diseases (IRDs) in Australia (doi: 10.5694/mja2.51997). These diseases are the leading cause of blindness in working age adults and thus have a substantial effect on patients and their families. There are now treatments available, notably voretigene neparvovec, publicly subsidised for *in vivo* gene therapy in Australia in 2020. In their article, which forms part of the EPIC-Vision study, Schofield and colleagues assess survey responses from 94 people with an IRD and find that societal costs are much higher than health care costs: "Total estimated lifetime cost was \$5.2 million per person with an IRD, of which 87% were societal and 13% health care costs." The authors conclude that "As the societal costs associated with IRDs are much larger than the health care costs, both contributors should be considered when assessing the cost-effectiveness of interventions for people with IRDs". In a linked editorial, Kamien and colleagues note the importance of understanding societal costs: "As medical professionals, we often place emphasis on calculating health care costs but fail to consider wider societal costs, which are much higher for IRDs than their health care-related costs" (doi: 10.5694/mja2.52012) They conclude that "health economic analyses are vital when applying for [Therapeutic Goods Administration] listing of therapies that could improve the lives of Australians with IRDs".

A summary of recommendations by Langford and colleagues of a recently published clinical practice guideline for deprescribing opioid analgesics provides important new information for clinicians managing patients on long term opioids (doi: 10.5694/mja2.52002). The eleven recommendations are patient centric, and aim to "provide advice about when, how and for whom opioid deprescribing should be considered, while noting the need to consider each person's goals, values and preferences". The recommendations range from "developing and implementing a deprescribing plan for persons being prescribed opioids at the point of opioid initiation" to "the use of interdisciplinary or multidisciplinary care, or a multimodal approach that emphasises non-pharmacological and self-management strategies to deprescribe opioids". The authors note that these are the "first evidence-based guidelines for



opioid deprescribing" and are intended to "facilitate safe and effective deprescribing to improve the quality of care for persons taking opioids for pain".

Lastly, an article by Barraclough and colleagues shines a light on a racist chapter in the history of Australian medical care: the "offshoring" hospital treatment of Asian patients from Christmas Island between 1963 and 1985 (doi: 10.5694/mja2.52009). The authors reflect that although "The scheme was ostensibly benevolent in intention, having at its core the welfare of the majority of the island's inhabitants by providing them with hospital care ... [it] was unashamedly based upon the racial classification and segregation of patients ... Asians were to be treated in Asia". As the authors reflect, this policy has an echo in the current Australian policy of offshore detention treatment of asylum seekers. ■

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doi:10.5694/mja2.52015