Supporting an Aboriginal and Torres Strait Voice to Parliament

This issue of the *MJA* includes our editorial supporting an Aboriginal and Torres Strait Voice to Parliament (doi: 10.5694/mja2.52074). We came to this view after an extensive process that included discussion with our Editorial Advisory Group, a number of Indigenous and other academics, and internal discussions. I am grateful to everyone who provided thoughtful advice and feedback. We received strong, evidenced-based feedback that the Voice offers a practical route to improving health outcomes. The evidence from recent events is clear. As the editorial notes: "The health outcomes in Aboriginal and Torres Strait Islander populations during the COVID-19 pandemic provide an outstanding example of how outcomes are best when Aboriginal people have a voice." The referendum on the Voice to Parliament will be held on Saturday, 14 October 2023. At this historic moment for Australia, we encourage readers to read the editorial and other information on the Voice and carefully consider the evidence ahead of the referendum.

Publishing our editorial on the Voice is just one manifestation of our key role as a medical journal — to publish research and opinions that analyse policy or which document clinical findings that have the potential to influence practice. Other articles in this issue continue this theme. The research by Ng and colleagues is an example of potentially practice-changing research (doi: 10.5694/mja2.52062). They investigate primary aldosteronism (indicated by an elevated plasma aldosterone-to-renin ratio) — the most frequent endocrine cause of hypertension — in Indigenous and non-Indigenous Australians in the Northern Territory. The findings are striking: more than a quarter of relatively young (32–35 years of age) Indigenous and non-Indigenous Australians had elevated aldosterone-to-renin ratios. These findings warrant serious consideration as a modifiable cause of hypertension. As the related editorial by Funder notes: "Many of us were taught that [primary aldosteronism] was a rare and relatively mild cause of secondary hypertension, but both these assessments are now known to be erroneous." (doi: 10.5694/mja2.52082).

Medical journals also have a role in shining a light on practices that may influence medicine and those who practise it. In a research letter, Jones assesses financial support provided to male and female physicians by pharmaceutical companies in New Zealand from eight publicly available funding reports for 2021 (doi: 10.5694/mja2.52057). Although the data are not complete — for example, one company did not provide a 2021 report — the findings are fascinating and suggest areas for future study. Although the median payment level was similar for men and women, female physicians received fewer support payments from pharmaceutical companies than their male colleagues, and a larger proportion of payments to women subsidised event attendance rather than, for example, speaker and educator fees. In a related editorial, Mintzes and Menkes note the accepted global recognition of the need for public disclosure of industry funding of clinicians (doi: 10.5694/mja2.52088). They point out the limitations of the study but note that it largely mirrors results from elsewhere. They raise a fascinating question worthy of future research: "whether female patients are more affected than men by treatment choices influenced by industry payments."

To conclude by returning to the Voice referendum, I encourage readers to review the arguments for the Voice, as we do for all of the research and opinion we publish, in an evidence-led manner that centres core public health principles of equity, justice, and recognition of the upstream determinants of health. ■

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