

The impact of national policies and approaches on health and research

This issue of the *MJA* highlights areas where health and research can be affected — both positively and negatively — by national policies and approaches.

Sexual and reproductive health are at a critical time globally with these rights under attack in so many places. Catriona Melville and Bonney Corbin highlight the areas where Australia has been “quietly making changes for the better” (doi: [10.5694/mja2.52194](https://doi.org/10.5694/mja2.52194)). These reforms are to be celebrated and are substantial. As they note, “we have seen more changes in the past six years than in the previous 60”. However, they pose critical questions on how these reforms can be protected and how can they be equitable. They conclude that although we are in the privileged position in Australia of no longer needing to noisily advocate for basic reproductive rights, “every one of us must reflect on our roles, responsibilities and power to reshape Australian health systems so that all people can choose if, how and when to parent”. Their message is reinforced in the editorial by Asvini Subasinghe and Seema Deb (doi: [10.5694/mja2.52210](https://doi.org/10.5694/mja2.52210)), who comment on two research articles on abortion in Victoria by Kristina Edvardsson and colleagues (doi: [10.5694/mja2.52202](https://doi.org/10.5694/mja2.52202)) and Melvin Marzan and colleagues (doi: [10.5694/mja2.52203](https://doi.org/10.5694/mja2.52203)). As their starting point, Subasinghe and Deb note the structural barriers to abortion care in Australia found by the 2023 Senate inquiry, and the lack of knowledge on equity of access. They note that “Support from peak bodies and the government for providing equitable access to early medical abortion has increased” but “much remains to be done to achieve equitable access for all Australian women”, and they make a case for a national abortion registry to support research into this area.

The need for better research and coordination — this time for emerging therapies for children and adolescents — is the topic

of a perspective by Michelle Lorentzos and colleagues (doi: [10.5694/mja2.52191](https://doi.org/10.5694/mja2.52191)). They highlight the need for collaboration and investment to ensure that children and adolescents access clinical trials and the many new therapies that are becoming available for diseases which have previously had few therapeutic options. The challenge with many of these diseases is their rarity, compounded in Australia by distance. The authors call for “the development of a national collaborative community of paediatric trials centres”, noting that “Given the rarity of many paediatric diseases and the complexity of emerging therapies, a national approach for complex trials in paediatrics is imperative”. They conclude that “without a change in approach to paediatric clinical trial delivery in Australia, paediatric clinical trials centres are at risk of failing to deliver equitable efficient access to novel treatment options”.

Finally, a lesson from practice provides a timely reminder of an important infectious disease and the need for careful differential diagnosis and public health follow-up. Caitlin Swift and colleagues describe a case of cutaneous diphtheria on the scalp of a man in conjunction with basal cell carcinoma (doi: [10.5694/mja2.52190](https://doi.org/10.5694/mja2.52190)). The case reinforces the importance of clinical vigilance and, for such an important disease, “prepared public health systems to enable a prompt response”. They conclude that “Maintaining high diphtheria vaccination coverage across all ages is crucial for protection against severe disease”. ■

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doi: [10.5694/mja2.52223](https://doi.org/10.5694/mja2.52223)