

# Responding to local and global challenges

One of the challenges for health care practitioners is to keep up to date with key developments in their field, which is not trivial at a time of huge information excess. Medical journals have a critical role in this by the very processes that we use for peer reviewing and selecting papers for publication. You can read about our processes at <https://www.mja.com.au/journal/instructions-authors-reviewers>. At the *MJA*, we specifically focus on what matters for Australian health care with a clear remit to publish high quality research and commentary to inform health policy and influence medical practice in Australia. This dates back to the very beginning of the Journal in 1914 where the first editorial states its role as “to record the progress of scientific medicine, and to assist in rendering the practice of medicine in all its branches of the greatest benefit to the people of Australia” (<https://doi.org/10.5694/j.1326-5377.1914.tb78499.x>). This may mean publishing articles that highlight the local application of a more global challenge, or at the other extreme, publishing articles on topics that are of unique importance to Australia. Several articles in this issue highlight this range.

In a guideline summary, Biswadev Mitra and colleagues synthesise the 2023 update of the patient blood management guideline for adults with critical bleeding published by the Australian National Blood Authority (doi: [10.5694/mja2.52212](https://doi.org/10.5694/mja2.52212)). The authors highlight several changes in management as a result of the guideline, including that “[major haemorrhage protocols] be established as standard of care in all institutions managing patients with critical bleeding” and that “temperature, biochemistry and coagulation profiles be measured early and frequently”. The development of the guideline was based around nine research questions, and systematic reviews were done for each question. While aiming to provide evidence to inform standardised management, the authors conclude that “There

exists geographical and institutional variability in composition and delivery of [major haemorrhage protocols] throughout Australia” and that “Implementation of this guideline requires adaptation to the local context”.

In their research article, Claire Gibbs and colleagues assess the prevalence of bronchiectasis among adult Aboriginal and Torres Strait Islander people in the Top End of the Northern Territory, and the associated mortality of these individuals (doi: [10.5694/mja2.52204](https://doi.org/10.5694/mja2.52204)). It was already known that chronic respiratory diseases are common in Aboriginal and Torres Strait Islander people, but the high prevalence of bronchiectasis that the authors found in the Top End is alarming — they estimate it as 19.4 per 1000 residents. This article is an important starting point for understanding the prevalence of this disease, but as the authors note, there is a need for future prospective studies to further characterise the epidemiology and disease burden.

Finally, a perspective by Rebecca Goodall and colleagues reflects on the role that medical students in Victoria came to play in the COVID-19 pandemic as clinical assistants. It was a voluntary, paid role and feedback on the program was positive from the medical students and those they worked with. The authors discuss the need for clear guidelines and evaluations for these roles but conclude that these students “form a dynamic workforce that is available and adaptable to meet the health care system’s specific needs at any given time”. ■

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