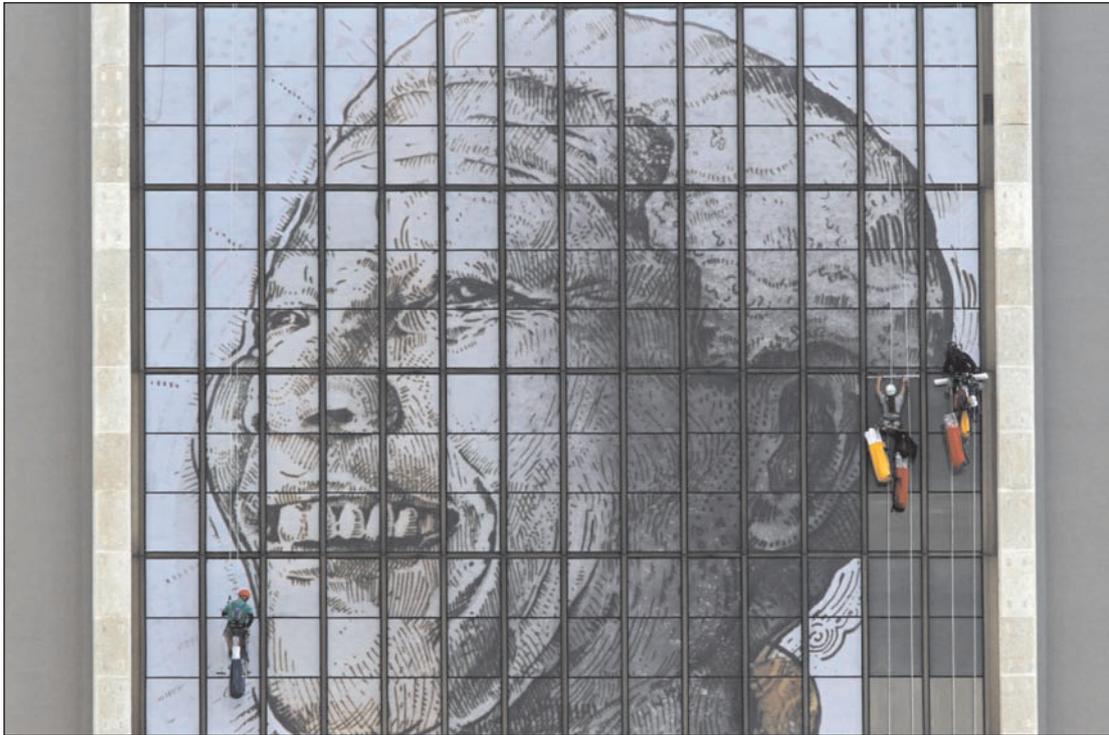


In brief



Reuters/Mark Wessels

Rope access technicians work to complete a huge portrait of former South African President Nelson Mandela on the windows of the Civic Centre building in Cape Town. Mandela's hospitalisation with a serious lung infection led to an outpouring of feeling from South Africans and globally as the world monitored his condition.

From the Lowitja Institute

Shaping Aboriginal and Torres Strait Islander health in 2030

What might Aboriginal and Torres Strait Islander health look like in 2030? And what will the Indigenous health sector require from health research at that time? The Lowitja Institute is embarking on an innovative project to answer these questions. The project is not about predicting the future; it is about assisting us to prepare for — and possibly shape — our future.

Workshops will be held in every state and territory as the Institute applies the methods used in “futures thinking”. The project is informed particularly by the work of internationally renowned futurist Sohail Inayatullah, who has worked with many of the world's leading businesses and organisations.

Normal strategic planning cycles are 3 to 5 years, so our work generally deals with immediate challenges. Yet we know that it takes time to conduct

research and translate findings into practice. Building the capability and capacity in the research workforce to conduct specialised research also takes a number of years. Using futures thinking, we can draw on the past, not simply the recent past but the patterns of history, civilisations and generations. We can consider emerging issues and trends and how these might influence the future. Ultimately, we can develop possible scenarios for the future and put in place appropriate building blocks to ensure that we can conduct relevant and meaningful research in the most beneficial time frames.

Futures thinking gives us the understanding and opportunity to shape our future. By identifying the challenges that might loom, we can begin to develop the strategies that will mitigate the risks.

Those participating in the



Lyn Brodie
Chief Executive Officer

The Lowitja Institute

doi: 10.5694/mja13.10709

workshops will be drawn from a broad range of sectors, not simply health care or health research. As with all our work, we ensure Aboriginal and Torres Strait Islander peoples have a strong voice. Broad sector participation will enable us to get a picture of futures regarding the social determinants of health, such as housing, employment and education. We can be informed about technology, economic structures and the environment and their potential to affect health delivery.

The findings of the project will provide valuable information to the Aboriginal and Torres Strait Islander community-controlled health sector and other health services, to governments and policymakers, and to researchers, universities and research institutes. The project is due for completion in October 2013.

To learn more, go to www.lowitja.org.au. □

News

Facebook boosts organ donor registrations

A Facebook initiative allowing members to put their organ donor status in their profile resulted in a 21.1-fold increase in online registrations with donor registries, a study in the *American Journal of Transplantation* reports. On 1 May 2012, Facebook altered its US platform to allow the “organ donor” specification. Each member who chose that option was offered a link to their state registry to complete an official registration, and their Facebook “friends” were then notified. “On the first day of the Facebook organ donor initiative, there were 13 054 new online registrations”, the authors wrote. Registration rates remained elevated in the 12 days following. “Novel applications of social media may prove effective in increasing organ donor rates and likewise might be utilized in other refractory public health problems in which communication and education are essential”, the authors concluded.

Am J Transplant 2013; 13 June (online). doi: 10.1111/ajt.12312



Killer traffic crashes neglected by research

Traffic accidents kill 1.2 million people worldwide every year, leave a further 20 million living with disabilities and leave 100 million with economic losses, but remain neglected by medical research and funding agencies, according to an essay in *PLOS Medicine*. The difficulty of conducting research according to standard research designs, the lack of “wonderment” at the issue needed for scientific inquiry, the tension between freedom and safety, the relative absence of “simple clinical interventions”, the local and individual nature of crashes, and cultural diversity all contribute to the absence of research into the contribution of traffic accidents to patient morbidity and mortality, the authors wrote. The author of an accompanying editorial wrote: “With all the public health attention focused on ‘Wear a Condom’ and ‘Get a Mammogram’, we should perhaps spend more time focusing on ‘Drive Carefully’, ‘Look both ways before you cross’ and ‘Wear your seat belt.’”

PLoS Med 2013; 11 June (online)
doi: 10.1371/journal.pmed.1001463
doi: 10.1371/journal.pmed.1001464



From the MJA archives

MJA 1964; 19 December (edited extract)

Australian ethnopsychiatry: the Walbiri doctor

In many areas of Australia, the old elite (the medicine men, the “Aboriginal men of high degree”), still exerts a substantial influence. Aboriginal medical beliefs and practices make up a body of knowledge that, besides being of theoretical importance to medicine, needs to be available in the medical literature if the Australian medical profession is to play its part

in the emergence of this people. There are many parts of Australia where the influence of the Aboriginal doctor is by no means extinct, where Indigenous and Western doctors are contemporaries, as they are in India. Since the Western and Aboriginal medical systems in Australia will be contemporaries ... it is concluded that Western doctors should make better contact with Aboriginal doctors.

JE Cawte and MA Kidson, School of Psychiatry, University of NSW

Improving Indigenous health data collection

A report on the Australian Institute of Health and Welfare’s *National best practice guidelines for collecting Indigenous status in health data sets* (the Guidelines) has been released. The project, conducted between July 2011 and December 2012, helped to implement the Guidelines in selected areas, to document implementation, to collect baseline information, and to identify barriers to and facilitators for implementation. In the hospitals sector, Indigenous status data are generally of high quality and additional support for Guidelines implementation is not currently required. In the drug treatment services sector, however, there is scope for more work on implementation. The mental health services sector has undergone reforms with implications for data collection, and future support for implementation will be considered as these changes happen. The National Diabetes Register has limited coverage of diabetes in the Indigenous population, and Guidelines implementation is not a priority. Cancer registries require work to improve identification of cases. Support in these sectors will be provided where possible.

AIHW 2013; *Towards better Indigenous health data*

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129543451>

Trends in travel-associated diseases

A longitudinal study examining travel-associated illness trends and patterns has been published in the *Emerging Infectious Diseases* journal. Data on 42 223 ill travellers were collected by 18 GeoSentinel Surveillance Network sites between 2000 and 2010. The most common destinations from which ill travellers returned were sub-Saharan Africa (26%), South-East Asia (17%), South-Central Asia (15%), and South America (10%), the authors reported. The proportionate morbidity (PM) for malaria decreased over the study period, but increased for both enteric and dengue fevers (excluding a 2002 peak), as did the PM for rabies postexposure prophylaxis. “These trends reflect real (albeit small) changes in the patterns and relative frequency of returned-traveler visits to specialist centers for these illnesses”, the authors wrote. “These findings highlight how sentinel surveillance of travelers provides an additional layer in surveillance efforts that can be used to inform the international community about disease activity trends in disease-endemic areas.”

Emerg Infect Dis 2013; 12 June (online). doi: 10.3201/eid1907.121573

Cate Swannell

doi: 10.5694/mjal3.n0708