



Indigenous health

Looking beyond the numbers

As we approach national Sorry Day (May 26) and Reconciliation Week (May 26–June 3) there are plenty of reminders that health is still one of the main areas of inequity for Australia's Indigenous population. Four studies published in this issue expand the pool of bad news, but also carry messages for a brighter future.

Glycaemic control is the key to the prevention of diabetes complications, but in practice it can be hard to achieve, as McDermott et al (page 512) discovered when they audited the diabetes registers of primary healthcare centres in Indigenous communities in Torres Strait, Cape York and the Northern Territory.

Diabetes also increases the risk of coronary heart disease, and Indigenous Australians are at greater risk of both these conditions. Wang and Hoy (page 508) sought to quantify the effect of diabetes on the incidence of coronary heart disease in Aboriginal Australians over time, with some unexpected findings...

Less unexpected were the findings of Condon et al (page 504). They looked beyond their analysis of cancer-related mortality among Indigenous people to enlighten us on what this says about social change and possible cancer control strategies.

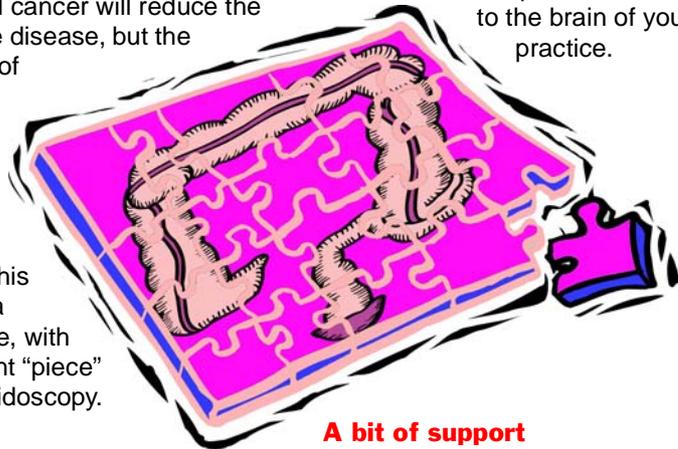
According to Zhao et al (page 498), estimates of the burden of disease are a better basis for planning health resource allocation than mortality statistics. With this in mind they went to the Northern Territory (which has the dubious honour of having the greatest burden of fatal disease and injury in Australia) to quantify the problem using DALYs (disability-adjusted life-years).

Telling the story

Sorry Day is a good time for truth-telling. An inspiring article about the efforts of one Australian to get Aboriginal health on the *MJA*'s agenda a few decades ago (Thomas, page 521) prompted us to think about the way we represent Indigenous issues in the Journal today. Armstrong and Van Der Weyden outline our newest initiative on page 492... And what's it like for Indigenous people trying to access healthcare? Like it or not, say Henry et al (page 517), there are elements of our healthcare system, as well as our society, that are intrinsically racist.

Piecing it together

We know that population screening for colorectal cancer will reduce the impact of the disease, but the best means of screening is still being debated. According to Viiala and Olynyk (page 493) this topic is like a jigsaw puzzle, with one important "piece" being sigmoidoscopy.



Buying best practice

A confusing aspect of the new childhood vaccination schedule is that, after a decade of full public funding, some of the vaccines now recommended by the NHMRC must be paid for by the parents. On page 494, immunisation experts Burgess and McIntyre explain why the vaccines are recommended — regardless of cost.

The great pretender

It has been associated with such diverse conditions as dermatitis herpetiformis, diabetes, infertility and epilepsy, and, according to Duggan, it's the "syphilis" of the 21st century! Turn to page 524 to discover the identity of this bread-and-butter medical condition.

Teaching tip 2

Although they should be fertile grounds for enquiring minds, hospitals, surgeries and clinics don't always make the best teaching and learning platforms. On page 527, Lake and Ryan discuss how to create a good educational environment for your junior colleagues, regardless of the circumstances.

All about androgens

Last, but not least, in our *MJA Practice Essentials – Endocrinology* series comes Handelsman and Zajac's contribution on the use of androgen replacement therapy in men (page 529). It's a strong ending for the series, which we hope will add brawn to the brain of your practice.

A bit of support

In 2000, the RACP joined forces with federal, NSW and Victorian health authorities to test a Clinical Support Systems model. They tested the model, combining clinical practice improvement with evidence-based medicine, in four large projects involving 17 centres in 3 states. Our Supplement details some of the results, lessons and plans for the future.

Another time ... another place ...

We spend hours treating over-fed neurotics (and quite rightly so), whilst others in the community are suffering from malnutrition. If the life of a white citizen is threatened by fire, flood, starvation or thirst, then the Army and Air Force are called to his aid within hours (and quite rightly so); but the starving natives under similar circumstances depend upon inadequate charity.

Barry E Christophers
[letter] *MJA* 1957; 1: 659-660

