

IN THIS ISSUE

Who survives stroke?

Having a stroke carries a high mortality. In Western Australia, where hospital separation records can be correlated with death records, Lee et al (*page 289*) identified more prognostic factors. According to Roberts and Hanson (*page 277*) this data linkage project is an important by-product of medical records. However, research (and other applications of such data) is only as good as the records it is based on...

Not fully complimentary?

Many Australians are true believers in complementary and alternative medicine (CAM). Are women who consult alternative health practitioners different from those who don't, asked Adams et al (*page 297*), as part of the Australian Longitudinal Study on Women's Health.

Meanwhile unbelievers scoff at the apparent lack of evidence for much of CAM. Ernst's editorial (*page 279*) discusses the existence of some quality evidence as well as obstacles to CAM research, many of which are surmountable. From a different angle, Parker (*page 316*) considers possible regulatory solutions to ensure the safety of CAM.

ALLHAT and all that

In developed countries, hypertension is the biggest contributor to disease mortality. Recent research in this area has produced several big trials with imaginative names. What do they teach us about lowering blood pressure in 2003? Chalmers and Arnolda synthesise some of the recommendations on *page 306*.

Calling in the experts

On a busy evening in a large hospital, the resident on duty is paged about a sick patient recovering from surgery. An hour later, as the resident struggles with a problem elsewhere, the patient collapses. Despite the rapid attendance of the Cardiac Arrest Team, he cannot be resuscitated.

In a parallel universe the nurse calls the Medical Emergency Team (MET — an intensive care registrar and a nurse) who attend immediately. One week later the patient is discharged alive. Not convinced? Read the study by Bellomo et al (*page 283*) to see what can be achieved by introducing a MET. Impressed by the study's results, but not by "institutional inertia", Kerridge and Saul (*page 313*) argue that it's time to stop studying the MET and get on with doing it.



No way out

Have you ever felt like the system you were working in was hindering your ability to treat a patient? Spare a thought for Zwi et al (*page 319*). When treating a child detained with his parents as an illegal immigrant, they knew the detention environment exacerbated his post-traumatic stress disorder, but were frustrated in their efforts to change his situation.

Licensed to kill

When an elderly man drove his car into a crowded market in California recently, killing at least nine people, world attention was focused on the dangers of impaired drivers. Yet it is rare for elderly people, or those with illnesses and disabilities, to cause accidents. The National Road Transport Commission is releasing updated guidelines to help doctors assess driver impairment. Hocking and Landgren introduce these on *page 276*.

Grandeur re-examined

As undergraduates, most of us learned that grand multiparity (having had either four or five previous births, depending on who you ask) increases the risk of obstetric complications. However, in tropical Cairns, where Humphrey examined the course of 14 000 labours, this may not hold true (*page 294*). It's far from the definitive study, but the results indicate that prospective trials should re-examine this issue.

Physician heal thyself?

It has been said that a doctor who treats himself has a fool for a patient. It's also been said (and many of us can confirm) that doctors make the worst patients. How should doctors meet their own health needs? Davidson and Schattner asked GPs and specialists (*page 302*).

Health Summit, health shemozzle

The woes of Australia's health system won't be news to most readers. It prompted the Australian Health Care Summit, held in August and attended by almost everyone who is anyone in healthcare. Just another talkfest? The editorial by roving reporter cum MJA Editor Van Der Weyden gives the Summit lowdown (*page 280*).

Another time... another place...

Politics is nothing more than medicine on a grand scale.

Rudolph Virchow 1821-1902