

Genetic discrimination?

"Beth's" mum has had breast cancer and decides to be tested for the breast cancer gene. The result is positive. How will this affect Beth's chances of getting disability or life insurance? Backed by their unique data on what insurers ask for on their application forms, Lynch and colleagues (page 480) explore the insurance implications of genetic testing for people with heritable conditions.

Avoiding a sugary end

The latest in our continuing *Practice Essentials* — *Endocrinology* series divulges how to prevent many of the complications of diabetes. Turn to *page 498* for Bate and Jerums' exposition on what works (or doesn't).

Spirited replies

Some of the articles in our July 7 *General Practice* issue depicted a sense of crisis in the discipline, with research, training and, most importantly, morale all under threat. However, we take heart from the letters we have received (*Matters Arising*, page 506), many of which paint a different picture of GPs and their domain.

Fair go

We pride ourselves on being an egalitarian society, but can this epithet be applied to our healthcare system? Leeder thinks not and, in the final keynote address from the *MJA* series on the Australian Health Care Summit (*page 475*), proposes how we might achieve equity.

Dystrophy with a history

November is Muscular Dystrophy Awareness Month and recent molecular advances hold out hope that curative treatments may arrive in the next decade or so. Byrne et al (page 463) describe the scientific and therapeutic progress in the field of Duchenne muscular dystrophy since it was first recognised as an entity in 1851 by — wait for it — Edward Meryon.



More hip than ever

The MJA published evidence-based guidelines for fixing broken hips in 1999. With such high morbidity and mortality, hip fractures have generated even more research since then. Chilov and two authors of the original guidelines undertook to review this new evidence and present the updated guidelines on page 489.

Hi-tech hunt

Taking the usual approach would have been unlikely to cure the patient with parathyroid disease in this issue's *Notable Cases* (page 485). Instead, preoperative localisation with a combination of imaging modalities had a direct bearing on how this patient was treated.

Mysteries of pet therapy

For those who thought pets were supposed to be good for our health, Parslow and Jorm (page 466) say, think again — at least when it comes to cardiovascular risk. Their survey of over 5000 people showed no evidence of cardiovascular benefit for pet owners and even perhaps an increased risk.

Headey's editorial (page 460) draws together data from the broader reaches of medicine and social science. He concludes from his overview that owning pets probably is therapeutic, but we just don't know why. Babe, Lassie, and the corgis can all breathe a sigh of relief . . .

Improvise this!

A woman arrives at your ED with dyspnoea, severe interscapular pain and hypotension. Watch as the diagnosis and treatment(s) unfold "on the run" in **Lessons from Practice** by Lapanum and colleagues (page 495).

Arrest policies for resus

How do Australian hospitals handle cardiac arrests? Do their policies take into account the fact that time to defibrillation best predicts survival from cardiac arrest? Data from Finn and Jacobs' survey of hospital directors of nursing (page 470) challenge whether current hospital practice is optimal.

The editorial by O'Rourke and Davies (page 461) further champions the cause of "first-responder" defibrillation. They point out that, with current practices, it might be safer to have your arrest on a Qantas plane than in an Australian hospital.

Another time ... another place ...

With a shock to the head, [a hen] was rendered lifeless, and arose with a second shock to the chest; . . . the hen was completely stunned, walked with some difficulty, and did not eat for a day and night; then later it was very well and even laid an egg.

Peter Christian Abildgaard. Tentamina electrica in animalibus. Inst Soc Med Havn 1775; 2: 157-161

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