

DR DEATH IN CONTEXT

Some of the questions about the poor standard of patient care at Bundaberg Hospital over the past few years might be answered by tracking down their fugitive ex-Director of Surgery, but according to Morton (*page 328*), the underlying problems (and their solutions) are much closer to home. An editorial response by Van Der Weyden (*page 284*) doesn't pull any punches either, in examining the causes and implications of this latest public hospital safety scandal.

NO RELIGION

Should our medical schools be devoutly secular? The concerns of Kerridge et al about religiously affiliated medical schools, expressed in the July 4 issue of the Journal, have provoked robust responses from some readers (Matters arising, *page 331*).

IN BED WITH CUSUM

If your level of understanding of hospital bed occupancy equates to a game of musical chairs you may learn something from the study of Burns et al (*page 291*). Their use of a relatively simple technique highlighted important trends in patient flows and allowed for improved bed planning in their hospital.

EVIDENCE FOR CONSENSUS

In 1998, when the Australasian Diabetes in Pregnancy Society published guidelines on the management of gestational diabetes, there was a dearth of randomised controlled trial data on the outcomes of treatment. A recent large Australian study has changed all this. On *page 288*, McIntyre et al explain why we now know that universal screening and optimal treatment for gestational diabetes are worthwhile.

THE GRADUATES

When did you decide which branch of medicine to pursue, and what factors determined your choices? Chances are that today's medical graduates have a whole host of different priorities from those that existed a decade or more ago. To assist in workforce planning, Harris et al put these questions to graduates undergoing vocational training in our medical colleges (*page 295*).

ROLE CONFLICTS

A recently released film, *The Woodsman*, depicts a convicted paedophile struggling with his urge to re-offend after his release from prison. While the movie engenders some insight into the man's dilemma, it also provokes a sense of outrage that he has opportunity to strike again. Victoria's answer to possible recidivism of released child sex offenders is new legislation requiring prolonged supervision of some offenders after release. Sullivan et al (*page 318*) discuss what this legislation will mean for the offenders, the clinicians treating them, and the community.

ONLY THE KNIFE CAN CURE

When it comes to obesity, O'Brien et al can only repeat this old surgical axiom. Prevention is a pipe dream, lifestyle interventions are rarely sustainable, and drugs don't do enough. On *page 310*, the authors outline the benefits of bariatric surgery for the very obese (BMI >35 kg/m²).

NATIONAL IMMUNITY

Australia has had a childhood vaccination program for diphtheria and tetanus since the 1950s, and recent statistics indicate high participation rates. Are these efforts reflected in high levels of immunity to these two diseases in the population? Gidding et al (*page 301*) conducted a national serosurvey to find out.

PROSTATE PREVARICATION

Widespread prostate specific antigen (PSA) testing and the ability to diagnose early prostate cancer via transrectal biopsy have opened a can of worms for some patients: while we know the diagnosis, the benefits of treatment are less sure. Two recent studies have looked at this issue. Costello et al place these in context on *page 286*.

A BIT OF PRIVACY

Australia's privacy laws should ensure each person's right to non-disclosure of personal information in every situation. However, the current maze of legislation, with different applications in different sectors and states, is inconsistent and difficult to comply with, says Thomson (*page 315*).

ANOTHER TIME ... ANOTHER PLACE

The surgeon should be fairly audacious [yet] he should operate with prudence and sagacity; he should never commence perilous operations unless he has provided everything in order to avoid danger; ... he should not sing his own praises; he should not cover his colleagues with blame; he should not cause envy among them; he should work always with the idea of acquiring a reputation of probity; he should be reassuring to his patients by kind words and acquiesce to their requests when nothing harmful will result from them as to their cure.

Henry de Mondeville [1260–1320]

