

In this issue

19 JANUARY

COSTING RURAL CRASHES

Having a motor vehicle accident in rural or remote Australia can mean a long trip to hospital (by road or air), and often transfer to a larger centre for specialist care, yet the costs involved have rarely been estimated. Adding to the scant information in this area is the report from O'Connor et al (page 54). According to the Rural and Remote Road Safety Study, 696 adults were admitted to four Queensland hospitals after road crashes in rural and remote areas in the northern part of the state between March 2004 and June 2007, at a cost of approximately \$10.4 million for retrieval, transport and acute hospital treatment.

JOCKEYING A RISKY JOB

The first national study of horse-racing injuries in Australia reveals that jockeys are at substantial risk of injury or death from falls. According to Hitchens and colleagues (page 83), there were 3360 jockey falls from 748367 rides between 2002 and 2006 — 0.42% of rides in flat races and 5.26% of rides in jumps races. More than half the falls occurred due to fractious horses before the race, but most injuries and four of the five deaths in the study period occurred during the race.



A REFORMING REPORT?

Late last year, the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals released a much anticipated report. Commissioned after some widely publicised shortcomings in the care of several patients at a prominent Sydney hospital, the Garling report represents a massive body of work. A concise synopsis of its 139 recommendations by Skinner et al (page 78) might provide a glimmer of hope for those who work in the NSW hospital system — the report contains real insights and sensible suggestions. The proof of its value, of course, will only be apparent with implementation, as discussed by Stewart and Dwyer (page 80). Ever the provocateur, Van Der Weyden (page 51) has examined the report carefully (right down to the weight of his hefty printed copy). He has seen a few inquiries come and go, and hopes that this one will be distilled and translated into sorely needed change.

ROAMING FREE IN NYC

You may have noticed a “postcard” from New York in our last issue. Zajac, a member of our Content Review Committee, is learning about health care in the US via all sorts of means, including his medical colleagues, the *New York Times* and cable television. Turn to page 53 for the next instalment.

SEEKING ABORTION

After considerable public debate, Victoria's state parliament passed its Abortion Law Reform Bill in October last year, allowing women to legally terminate a pregnancy at any time up to 24 weeks' gestation. Much of the debate leading up to the change centred on whether unfettered access would cause a blowout in abortion rates, yet little is known about the reasons women seek pregnancy termination. While it does not claim to be a representative evaluation, Rowe and colleagues' analysis of routinely collected data from Victoria's largest public pregnancy advisory service (page 69) provides some insights into the characteristics and circumstances of women who seek abortion.

PATIENT PERSPECTIVES

Several articles in this issue examine medical encounters from the patient's point of view. Magin et al (page 62) interviewed 62 people with acne, psoriasis or eczema and discovered that, although their expectations of doctors varied, the psychosocial aspects of these conditions were often not addressed in clinical consultations. Meanwhile, Muggli et al (page 58) spoke to parents of babies born with unexpected Down syndrome, who often remembered the exact words — helpful or otherwise — of the health professionals who attended them at this difficult time. In the debate about doctors' relationships with the pharmaceutical industry, patients' views have not usually been sought. However, when prompted by a survey conducted by Tattersall and colleagues (page 65), most agreed that doctors' disclosure to patients of their financial ties was desirable and would lead to better informed decisions all round.

Dr Ruth Armstrong, MJA

ANOTHER TIME ... ANOTHER PLACE

... he that will not apply new remedies must expect new evils ...

Sir Francis Bacon