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H1N1 ROUNDUP

At the beginning of May last year, the *MJA* released online an article documenting an outbreak of "swine flu" affecting several countries. More than 20 articles and letters later, we are still tracking pandemic (H1N1) 2009 influenza. In this issue, Kelly observes that H1N1 disease intensity has been similar to that of seasonal influenza (*page 81*), which is consistent with the observations of Chang and colleagues in Sydney (*page 90*). Using data from Melbourne public hospitals, Denholm and colleagues identify groups at high risk of poor outcomes (*page 84*); Bradt and Epstein speak in their capacity as clinical advisers in the Victorian Department of Human Services Emergency Operations Centre (*page 87*); Appuhamy and colleagues trace the evolution of the pandemic in Queensland (*page 94*); and Beaman and Leung propose a more efficient system for laboratory diagnosis of influenza strains in pandemic situations (*page 102*).

IMMIGRATION DETAINEES, HEALTH NEEDS

People held in immigration detention require frequent medical attention and are prone to mental health problems with prolonged detention. These were the findings of Green and Eagar (*page 65*), who were commissioned by the Australian Government Department of Immigration and Citizenship to investigate the health of immigration detainees after a 2005 inquiry raised concerns about their treatment. The authors analysed the health records of 720 of the 7375 people in detention in the 2005–06 financial year, including 235 asylum seekers (many of whom had been detained for more than 2 years). The detainees had an estimated 1.2 health encounters per person-week for a variety of reasons, including dental, mental health, and musculoskeletal problems. Asylum seekers had more health problems than other detainees, and both time in, and reason for, detention were associated with the development of new mental health problems. Having demonstrated its openness to improved oversight of immigration detention, says Phillips (*page 61*), the Australian Government should now consider the growing evidence of its detrimental effect on the health of asylum seekers.

LABOURING OVER HOME BIRTH

A South Australian study adds to the body of work suggesting that home birth is not as safe as it could be in Australia. Kennare and colleagues compared the perinatal outcomes of 1141 babies whose mothers planned home births in 1991–2006 (349 born after transfer to hospital) with those of babies born in hospital over the same period (*page 76*). While there was no statistically significant difference in overall perinatal mortality, there was a sevenfold higher risk of intrapartum death in the home birth group. Inappropriate planning of home birth for women with risk factors, and inadequate fetal monitoring during labour were suggested reasons for the excess risk. In the light of the Australian evidence, the federal government's decision to exempt midwives from legislation requiring all registered health professionals to be covered by indemnity insurance while not providing funding for home birth is a political compromise, says Pesce in an accompanying editorial (*page 60*). But new arrangements for the collection of data on home births should inform rational policy for this controversial issue in health care.

PEOPLE'S MOVEMENT FOR HEALTH CARE SAFETY

The inaugural Australian Patients for Patient Safety workshop was convened in Perth last July. The participants, who comprised a mixture of patients who had suffered preventable harm and their carers, health professionals, researchers, government officials and non-governmental organisation leaders, prepared a stirring declaration (*page 63*). The initiative is part of a global movement instigated in 2005 by the World Health Organization.

UNEMPLOYMENT AND HEALTH

Exact figures have been revised up and down, but it is generally agreed that the rate of unemployment in Australia will reach 6% in 2010. What does this mean for your practice, what health concerns might arise in people who are unemployed, and how can you best address them? Harris and colleagues provide some sound advice on *page 98*.

IMPROVING END-OF-LIFE CARE FOR KIDS

According to the authors of a report from Victoria, the management of children with terminal cancer in Australia is generally realistic, with low rates of futile treatment in the last month of life and a high incidence of dying at home rather than in hospital. However, more palliative care services are required to improve symptom control. Heath and colleagues (*page 71*) interviewed the parents of 96 children who had died from cancer at a mean of 4.5 years after the death. Most children (84%) had significant symptoms, such as pain (46%), fatigue (43%) and poor appetite (30%), in the last month of life and, although treated, these symptoms were often not effectively managed. Sixty-one per cent of children died at home.

Dr Ruth Armstrong, MJA

ANOTHER TIME … ANOTHER PLACE

I have careful records of about five hundred death-beds … Ninety suffered bodily pain or distress of one kind or another, eleven showed mental apprehension, two positive terror, one expressed spiritual exaltation, one bitter remorse. The great majority gave no sign one way or the other; like their birth their death was a sleep and a forgetting.

William Osler