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FIRST RIPPLES?

The Rudd government's health care reforms have begun and the MJA has joined the community-wide debate with contributions from a raft of health care experts including Penington (page 507), Deeble (page 509), Bennett (page 510), Hickie (page 511), Richardson (page 513), Eagar (page 515) and Boxall (page 528). Van Der Weyden (page 507) says that, overall, the verdict was that the announced plans lack comprehensive details but that it is time to seek the opinions of the profession at large — we await the verdicts of our readers.

GUIDANCE FOR GUIDELINES

Within 15 years or so, the number of clinical practice guidelines produced in Australia has increased about ninefold from 34 to 313, according to Buchan and colleagues (page 490). They studied guidelines produced between 2003 and 2007, finding that although there has been some improvement in the reporting of several items crucial for the assessment of guideline quality, much more is needed; for example, funding and competing interest statements are not always provided. Also, the researchers noted that it was not at all easy for them to locate clinical guidelines on websites; to try to help to improve access to current guidelines the NHMRC launched a Clinical Practice Guidelines Portal earlier this year (http:// www.clinicalguidelines.gov.au).

REVALVING AORTAS

What can be done when a patient, usually elderly, with aortic stenosis is not fit for surgical aortic valve replacement? Layland and colleagues (page 520) suggest that percutaneous replacement, which avoids the need for cardiopulmonary bypass, may be a viable management option. They describe two such devices currently undergoing evaluation in clinical trials in Australia — the Edwards SAPIEN valve and the CoreValve ReValving System.

PATHOLOGY POLICY PITFALLS

The federal government has introduced legislation — the Health Insurance Amendment (Pathology Requests) Bill 2010 — into Parliament requiring all pathology request forms to be marked with the advice to patients that they may be taken to any pathology services provider. The Senate referred the Bill to the Community Affairs Legislation Committee for inquiry and report by 12 May 2010. In an MJA editorial, published first online and now in print, Rowbotham (page 484) raises several concerns about the safety of such an arrangement not only for patients but also for the medical profession.

A BIGGER AUSTRALIA

Why did Australia fare so much better than other developed countries during the global financial crisis? Pelser (page 526) says that economists believe it was because of Australia's overall population growth of 1.9% in 2008. The Rudd government has stated that it intends to further increase our population, and it has been estimated that by 2049 Australian citizens will number 35 million. Pelser warns that while a boom in Australia's population might have some shortterm economic benefits, in the long term we are likely to have to pay for this expansion with further strain on the health system. It's food for thought for us all, including Australia's first Minister for Population.

NOT A POTTY

Drowning is not the only danger our young ones may face when near a swimming pool. Price and colleagues (page 534) report three cases of children who suffered major evisceration injuries after sitting on uncovered swimming pool suction drains. These vortex-style drains can create a powerful vacuum when occluded, and all of these children lost part of their intestines after traction on the mesentery subsequently damaged the mesenteric vessels. Price and colleagues say these suction injuries are rare but catastrophic; they call for legislation to mandate the safety of swimming pool fittings.

ALL AT SEA?

With the sharp increase in the number of graduating medical students, overseas medical students will be the first to miss out on intern positions, say Elkin and Studdert (page 517). Will this be legal, or fair, or reasonable? The authors answer this question and more, presenting an interesting juxtaposition: when these doctors leave our shores they will be carrying with them a valuable set of Australian-specific skills, medical knowledge and cultural familiarity — while, at the same time, we will be devoting substantial effort and resources to recruiting international medical graduates with varied training, skills and cultural literacy.

Dr Ann Gregory, MJA

ANOTHER TIME ... ANOTHER PLACE

For Hippocratic medicine the reduction of the human death rate has always been an absolute goal, and concern about population growth has never been an accepted constraint on any public health measure. Yet medicine is largely responsible for the overpopulation, which could be one of the major causes of human extinction ... The application of Hippocratic medicine ... has proven to be anti-biological; it ... is largely responsible for the complete disorganization of the ecosystem of the Earth. Dennis V Razis