

In this issue

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"FLYING SQUAD" GROUNDED

Leading Australian researchers, including past Australian of the Year Fiona Stanley, are not happy that the Australian Government hasn't renewed funding for the Australian National University's Master of Applied Epidemiology Program. Wondering whether the axing might be an administrative accident, they point out that the program had provided a "flying squad" of disease detectives, responding at short notice to unusual infectious events that represented potential threats to the Australian population's health (page 567). Can we, as a nation, afford to cancel this insurance policy?

HARD TO SWALLOW?

Most patients don't recognise the importance of dysphagia as an "alarm" symptom for cancer of the oesophagus and gastro-oesophageal junction. So say Smithers and colleagues (page 572), who have documented the range of symptoms as well as investigations and management of over 1000 Australian patients with such cancers studied between 2002 and 2008. Dysphagia was the most common presenting symptom, and on direct questioning by a doctor was reported to be present in over 70% of patients. Dysphagia occurs when the oesophageal circumference has been reduced by two-thirds — sufficient to compromise the lumen.

DOCTOR PERFECT

Did you know that the law does not require doctors to be perfect? In their survey of the perceived impact of medicolegal concerns, Nash and colleagues (page 579) found that most respondents believed the law did require perfection. Nearly 3000 doctors, comprising specialists and non-procedural GPs, took part in the survey. Concerns about medicolegal issues had led to 1 in 3 considering giving up medicine altogether, especially if they'd previously experienced a medicolegal matter. Many had also considered reducing their working hours or retiring early.

MIGHTY MOUSE?

For a story about dancing elephants and a mighty mouse (without a cat), you need look no further than Montalto's commentary (page 598) on Victoria's longstanding Hospital in the Home program. He tells us that if this program were a single entity, it would be a 500-bed hospital. Further, as it is designed to deliver hospital care "outside the box" of a hospital, the program would benefit from more direct involvement of medical staff in both leadership roles and care delivery.

A BABYBIG FIRST

If you ever find yourself managing a case of suspected infant botulism, May and colleagues (page 614) recommend that you promptly obtain and administer BabyBIG (botulism immune globulin intravenous [human]) to your patient. They describe how they successfully managed a case after receiving BabyBIG just 48 hours after phoning the relevant program within the California Department of Public Health in the United States. Although uncommon, Australia has had about one case of infant botulism a year since 1999.

BEYOND MAGIC BULLETS

Once upon a time, quality improvement within an organisation involved the search for a single strategy — a "magic bullet" — that could assure safe, good-quality health care. Phillips and colleagues (page 602) say that clinical governance has evolved to involve a systematic, multifaceted approach using a range of locally implemented strategies. They report the findings of their systematic review of the evidence in this area, and conclude that most evidence supports governance models that used targeted, peer-led feedback on a clinician's own practice.

ANOTHER TIME ... ANOTHER PLACE

Bacchus hath drowned more men
than Neptune.

Thomas Fuller, 1732



FOR LOVE OR MONEY?

South Australian researchers have called for a review of the subsidies paid to teach medical students in general practice so that, at the very least, a cost-neutral financial outcome can be achieved. Laurence and colleagues (page 608) surveyed general practitioners associated with the Adelaide to Outback GP Training Program or the University of Adelaide's Discipline of General Practice. Once those being trained were qualified — as interns, residents or general practice registrars — subsidies and the income generated helped offset teaching costs; this wasn't the case when training involved medical students.

ALCOHOLS ANOMALOUS

Did you know that, until this year, recent official estimates of per capita consumption of alcohol in Australia have been consistent underestimates? So say Chikritzhs and colleagues (page 594), who explain that the problem related largely to a lower than actual average alcohol content being applied to all wine. Contrary to figures used in earlier estimates, the alcohol content of table wine has gradually increased since the late 1980s because winemakers have increasingly used highly ripened fruit to give a richer flavour to wine — a practice which produces more alcohol during fermentation.

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