

A group of midwives hold placards forming the phrase "Yes to childbirth at home" during a protest against restrictions on homebirths in Buenos Aires, Argentina. Topless midwives from Argentina's Association of Independent Midwives blocked traffic on a main avenue in downtown Buenos Aires to protest Ministry of Health measures they claim infringe on women's rights to choose a natural homebirth. The protesters allege childbirth protocols from the Ministry of Health restrict women's ability to decide on the most suitable delivery methods and are often detrimental to the health of both mother and baby.

Picture: Agustin Marcarian/Reuters/Picture Media

Weird e-cigarette effects reported

TIME reports on four studies which have found "surprising health effects" of smoking e-cigarettes. Peter Dicpinigaitis, professor at Albert Einstein College of Medicine in New York, found that "smoking an e-cigarette makes you less likely to cough," overriding this protective mechanism that prevents choking and invasion of infectious pathogens. E-cigarette smokers in his study were less sensitive to capsaicin, a component of chilli peppers that induces coughing. Researchers at the University of Alabama found a "correlation between coil temperature and the creation of harmful chemicals like acrolein, acetaldehyde and formaldehyde in the e-cigarette". A study from the University of North Carolina found that "five of 13 [e-cigarette] flavours tested caused changes to calcium signaling in the lungs", with hot cinnamon candies, banana pudding and menthol



tobacco flavours causing the most disturbance. University of Toronto researchers found that "using e-cigarettes improved the likelihood that a smoker would quit smoking cigarettes for the first month on the new technology, but the effect dissipated at 3 and 6-month followups". The authors recommended that people wanting to quit smoking should consider "other more well-established options."

http://time.com/3860166/ecigs-research/

TGA releases Gardasil adverse events numbers

The **Therapeutic Goods Administration** (TGA) has released numbers on the adverse events after vaccination for the human papillomavirus with Gardasil, with no safety issues identified for either males or females. "About 9 million Gardasil doses have been distributed in Australia", the TGA reports. "Included in the adverse event reports made to the TGA following immunisation with Gardasil up to 16 January 2015 are: 615 cases of fainting ...; 25 cases of anaphylactic reaction (severe allergic reaction); 32 cases of hypersensitivity; 222 cases of urticarial reaction (otherwise known as 'hives'...)." There have been no reported deaths associated with Gardasil in Australia.

http://www.tga.gov.au/alert/gardasil-quadrivalent-human-papillomavirus-vaccine-update-2

Artificial intelligence joins disease hunt

Nature reports that a new computer model has joined the hunt for the next zoonotic disease threatening to leap from animal to human hosts.



Researchers from the Cary Institute of Ecosystem Studies in New York have developed a computer model that incorporates machine learning that "can pinpoint, with 90% accuracy, rodent species that are known to harbour pathogens that can spread to humans". They found that Central Asia and the midwestern United States were among the regions with the greatest concentrations of potential reservoir species. "[The researchers trained] their model to identify characteristics that are common to the 217 rodent species that are known to carry zoonotic diseases", Nature reports. "Eventually, the model developed a set of rules that could identify known carrier species with 90% accuracy." Among the 2277 rodent species analysed for diseasetransmitting potential, there are 150 species, including voles, squirrels and guinea pigs, "that are not known reservoirs of zoonotic diseases but seem likely to be, based on factors identified by the

http://www.nature.com/news/artificial-intelligence-joins-hunt-for-human-animal-diseases-1.17568

Bligh admits Queensland Health blunder

ZDNet.com reports that former Queensland premier Anna Bligh has "admitted the Queensland government was at fault for malfunction of the state's \$1.2 billion health payroll system in 2010, and it was not the failure of hardware or software". Speaking at the Gartner IT Infrastructure, Operations and Data Center Summit, Ms Bligh described the situation as a "catastrophic disaster". "The single biggest failure of the project was failure around managing the program and governance of it", she said. "There was no real clarity of governance. There was one part of the government that was responsible for whole of government IT in a shared service provider model, and then we had the line agency Oueensland Health. Between those two agencies there was not a single point of accountability. So everybody was in charge, which ultimately meant nobody was." The mistake led to 74,000 health staff being overpaid, underpaid, or not paid at all.

http://www.zdnet.com/article/queensland-govt-bought-wrong-ibm-product-for-health-it-bligh

Cate Swannell

Engagement/News Editor doi: 10.5694/mja15.c0601

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- 5) Editorial: Pancreatic cancer: gradual rise, increasing relevance doi: 10.5694/mja15.00137

Meanwhile in MJA InSight ...

"First of all [euthanasia] is not actually a problem; it's just that our community cannot agree with how to deal with it" — Associate Professor Will Cairns, director of the Townsville Palliative Care Service

"No solution" to euthanasia

https://www.mia.com.au/insight/2015/18/no-solution-euthanasia

"It's a model that solves one of the big problems, which is access to care, in these remote Indigenous communities" - Professor Dennis Pashen, Rural Doctors Association of Australia president

Acclaim for health partnership

https://www.mja.com.au/insight/2015/18/acclaim-health-partnership

"Asthma should not be looked at as an acute condition to be treated from time to time, but a chronic condition requiring ongoing management" - Dr Jonathan Burdon, chair of the National Asthma Council of Australia

Asthma far from solved

https://www.mja.com.au/insight/2015/17/asthma-far-solved

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Public speaking for doctors – preparation

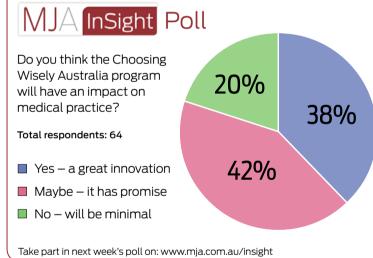
It should be remembered that every occasion of speaking is a performance. Just as in the theatre, it is an insult as well as a source of unsettling insecurity for the audience if one is ill prepared. Without a clear simple beginning, a direct and carefully uncomplicated body of reasoned thought and a structurally sound, encompassing but brief conclusion the exercise is fraught. In the clinical setting of medical monologue this is vital for the understanding and reassurance of the patient. Each of us develops our own mode of securing this and, just as surely as if a fine thread were attached between us, one can sense and feel when that thread is taut, twisted, strong or broken.

In the amphitheatre, performance again prevails but here the portrayal of ignorance, retraction, sleight of hand or thought are readily discernible and punished by inattention, cynicism, polite or feeble applause, a dearth of questions or a flurry of critical ones.

Alex Cohen

Retired Clinical Professor, WA

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Professor Debra Nestel

Professor Debra Nestel

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