In brief



Disabled Haitian boy Stevenson Joseph learns to use a 3D-printer prosthetic hand at the orphanage where he lives in Santo, near Port-au-Prince. Handicapped from birth, Stevenson, 12, last month became the first recipient in Haiti of a 3D-printer produced prosthesis, thanks to a British-born software engineer, John Marshall, in California.

Marie Arago/Reuters

From the Australian Institute of Health and Welfare

More emergency department patients "seen on time"

The latest report on emergency department care in Australian hospitals by the Australian Institute of Health and Welfare shows the number of patients "seen on time" for their urgency category is rising.

The report, Australian hospital statistics 2012-13: emergency department care, shows that in the financial year 2012–13, almost three-quarters of emergency department patients were "seen on time" — meaning patients received treatment from a medical officer or nurse within an appropriate time for the urgency category.

Between 2008–09 and 2012–13, the number of emergency department visits that were "seen on time" rose from 70% to 73%.

However, the proportion of patients that were "seen on time" in 2012–13 varied across the states and territories — from 51% in the Australian Capital Territory, to 78% in New South Wales.

Between 2008–09 and 2012–13, most states and territories reported improvements in emergency department waiting time statistics. South Australia recorded the largest improvement in the proportion seen on time, which rose from 64% to 75%. Queensland and Tasmania also achieved notable improvements in the proportion seen on time over this period.

Nationally, almost 100% of resuscitation patients (those requiring treatment immediately) and 82% of



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emergency patients (those requiring treatment within 10 minutes) were seen on time.

Overall, in 2012–13, 50% of patients received treatment within 19 minutes of presenting to the emergency department and 90% received treatment within 1 hour and 41 minutes of presentation.

The report shows that more than 6.7 million emergency department presentations were reported by public hospital emergency departments in 2012–13, equating to just over 18 000 presentations each day.

The full report is available at http://www.aihw.gov.au/publication-detail/?id=60129544913.

News







BMJ and ABC back down on statins controversy

Both the *BMJ* and the *ABC* have taken steps back from controversial research and opinion on the safety of statins. The *BMJ* withdrew statements made in two papers published in October last year that "questioned the evidence behind new proposals to extend the routine use of statins to people at low risk of cardiovascular disease". Editor-in-chief Fiona Godlee wrote that the withdrawal was done so that "patients who could benefit from statins are not wrongly deterred from starting or continuing treatment because of exaggerated concerns over side effects". Meanwhile, the ABC has removed from its website two episodes of its Catalyst programs, *The Heart of the Matter, Parts 1 and 2*, after an internal review found the program had "breached editorial standards on impartiality".

MERS-CoV continues to spread

The Middle East respiratory syndrome coronavirus (MERS-CoV) has now claimed 181 lives worldwide according to the latest **World Health Organization** update. Of those, 173 deaths have occurred in Saudi Arabia. A total of 614 cases have been laboratory confirmed, with a third case found in the United States and two in the Netherlands. The US **Centers for Disease Control and Prevention** (CDC) said the third US case was a man who had direct "handshake" contact with the first case. Two studies in **Emerging Infectious Diseases** reported that dromedary camels may be a source of transmission to humans.



TGA maintains watching brief on PIP implants

The European Commission's Scientific Committee on Emerging and Newly Identified Health Risks has published its final opinion on the safety of PIP (Poly Implant Prothese) silicone breast implants. The SCENIHR reported that it saw "no convincing medical, toxicological or other data to justify routine removal of intact PIP implants". Australia's Therapeutic Goods Administration

reported it had received a further 54 reports of confirmed ruptures. The TGA would "continue to monitor the situation regarding PIP silicone breast implants and will take any action deemed necessary" to give Australian women up-to-date advice.

Medical apps ... are they a "medical device"?

The TGA, a member of the **International Medical Device Regulators Forum** (IMDRF), has called for contributions addressing the "unique risks and regulatory challenges associated with medical device software" with a view to developing a regulatory framework for smart device health applications. Submissions will be reviewed by the IMDRF working group and an updated document will be published on the IMDRF website towards the end of this year, after consideration of the public comments.



Cate Swannell doi: 10.5694/mja14.n0602



Email your comment to: comments@mja.com.au

Doctors helping the terminally ill

What if every doctor in Australia who has compassionately acceded to the request of a terminally ill patient to hasten their death were now to admit it? The weight of that challenge would surely force governments to decriminalise the act, subject to strict regulation.

Just as with pregnancy terminations, doctors would have the right to refuse. But what a step forward if patients could choose their doctor according to whether or not they are prepared to practise assisted dying within the law.

Politicians continue to avoid the issue and public demands are ignored. But the principal agents of change could be the doctors.

Anne Riddell

Retired editor, member of Dying With Dignity, VIC.

Copayments

Apropos the recent Budget and the proposed copayments, we should not forget that it was a Labor government Minister for Health (Brian Howe) that brought in the copayment for prescriptions.

In my opinion copayments for blood tests and diagnostic imaging might eliminate a lot of diagnostic tests that are either unnecessary or of limited value.

I guess we might have to rely more on the history and clinical examination.

Dr David Beavis

Retired general practitioner, VIC.

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