In brief

REUTERS/ Michelle McLoughlin

K9 crisis comfort dogs Beau (front) and Dolly sit with grieving residents of Newtown, Connecticut, during a recent community meeting. The pair is part of a nine-dog team of golden retrievers sent with their volunteer handlers to Newtown after the shootings at Sandy Hook Elementary School late last year. The dogs are also employed after natural disasters, and to bring comfort to nursing home patients and residents.

From the Consumers Health Forum of Australia

Medicare is being squeezed ...

… and health consumers are hurting. So, the Consumers Health Forum of Australia has called for a fundamental rethink of Medicare as the central funding mechanism for Australia's health system as part of our 2013–14 Budget submission and at a number of recent conferences.

As readers will know, Medicare is a throughput fee-for-service model that rewards activity, not necessarily health outcomes: the more activity, the more payments. The increasing gap between Medicare Benefits Schedule (MBS) fees and what health providers charge consumers is creating a two-tiered situation in Australia — those who can afford to pay to access health care, and those who cannot. Universal health cover, if it ever worked in practice, is now a fanciful idea. How much (or little) of our health care system is accessible to those on a limited income who are elderly, a single mother, or have a chronic health problem?

The situation is not getting better. The Australian Medical Association position is that MBS fees are woefully inadequate, given the cost of health service provision. The government has identified likely overpayments for what have become simpler procedures, such as cataract surgery, but any attempts to reduce existing fees are met with well resourced campaigns from specialists and industry groups defending their incomes.

So the squeeze is on — and it is everyday Australians who are caught in the middle, paying increasing out-of-pocket expenses. Recent media reports indicate that thousands of Australians have had to raid their superannuation funds or life savings to pay for treatment for life-threatening or chronic conditions. Is this reasonable?

Or is it time we all started seriously considering alternative health service payment systems that reward health outcomes — not just activity — and that focus more on the needs of the consumer? One area of interest is funding based on health outcomes. This might mean a doctor could be paid more for *less* health provider activity — for example, when a surgeon reduces readmission of patients to hospital with the same problem within 28 days after discharge. Other approaches are on trial internationally, including personal health budgets that allow health consumers to purchase the services they need with a government subsidy.

Medicare may not yet be broken, but the tighter the squeeze on health consumers, the less life there can be left in our patched-up, ageing, activity-based model.

Carol Bennett
Chief Executive Officer

Consumers Health Forum of Australia

doi: 10.5694/mja12.11836

News

Drivers impaired at higher opioid doses

Canadian research has highlighted a relationship between opioid use at higher doses and an increased risk of road trauma in drivers. The population-based study, conducted over 8 years, identified more than half a million adults who had been prescribed opioids, and compared the doses prescribed for 5300 people who attended an emergency department after road trauma and an equal number of matched controls. They found that drivers prescribed daily doses of opioids exceeding 20 morphine equivalents had a 21%–42% increased risk of experiencing road trauma. There was no association between opioid dose and risk of road trauma among passengers or pedestrians. The authors recommended that physicians should warn patients about the risk of decreased driving ability with higher opioid doses, and policymakers could improve public education surrounding the potential risks of opioids, and also consider "restricted drivers' licenses" for patients on higher doses. The author of an accompanying editorial said the study's findings should prompt prescribers to resist the temptation to escalate opioid doses in patients with chronic pain.

JAMA Intern Med 2013; 14 January (online)
doi: 10.1001/2013.jamainternmed.733
doi: 10.1001/2013.jamainternmed.1838

Inaccurate melanoma apps endanger patients

Smartphone applications aimed at the general public can be dangerously inaccurate when it comes to the diagnosis of melanomas, new US research has found. The University of Pittsburgh study examined four apps and found that only one successfully identified melanomas with any degree of accuracy. It was also the most expensive and slowest app and the only one to use the advice of a medical practitioner. Three of the four apps incorrectly classified 30 per cent or more of the melanomas as "unconcerning". The authors warned that, particularly in times of economic hardship in the US, the public might use apps as a substitute for medical consultation. "These applications are not subject to any sort of validation or regulatory oversight", the authors said. Physicians "should be aware of those [apps] … in protecting and educating our patients".

JAMA Dermatol 2013; 16 January (online)
doi: 10.1001/jamadermatol.2013.2382

Resolving domestic violence helps child behavioural problems

A US study has shown a decrease in children's behavioural problems once their exposure to intimate partner violence (IPV) has been reduced. The nationally representative retrospective cohort study included 320 school-aged children with caregiver-reported IPV, in which the caregivers were interviewed four times over a lengthy period (up to an average of 81 months) after baseline interview. They found that a significantly higher proportion of children with persisting exposure to IPV during the study period had serious behavioural problems and that resolution of IPV was associated with a statistically significant reduction in those behaviours. An editorial recommended three possible strategies for improved care-giving resulting from the study: increasing specific training for health practitioners about children's experience of IPV; increasing GP awareness of the benefits of intervention by child protective services; and encouraging practitioners who care for children to make questions about IPV a routine part of their clinical practice.

JAMA Pediatr 2013; 14 January (online)
doi: 10.1001/2013.jamapediatrics.324
doi: 10.1001/jamapediatrics.2013.783

Stool transplant a promising option for refractory *C. difficile* infections

A duodenal infusion of donor faeces has been shown to be more beneficial to patients with recurrent *Clostridium difficile* infections than a full course of vancomycin alone, a US study shows. The non-blinded randomised controlled trial found, in an interim analysis of results, that resolution of *C. difficile*-associated diarrhoea occurred in 15 of 16 patients infused with donor faeces, while only four of 13 patients receiving vancomycin alone were cured. The trial was terminated at this stage in light of these results. The mechanism of the donor-faeces infusion is "probably the reestablishment of the normal microbiota as a host defense against *C. difficile*", the authors said. Patients with *C. difficile* infection have reduced bacterial diversity, and so the addition of donor faeces, administered via a nasoduodenal tube, results in an increase in diversity which "persisted over time".

N Engl J Med 2013; 16 January (online)
doi: 10.1056/NEJMoa1205037

Cate Swannell
doi: 10.5694/mja13.n0204

From the MJA archives

MJA 1964; 19 December (edited extract)

The Primary Fellowship examination

Sir: Educators have for long been trying to disabuse us of the misapprehension that "knowledge is facts". The primary examination is a test of facts memorised. Somewhat on the principle that a horse can be led to water, so can the student be invited to the set course. It is quite another matter to interest him. I submit that the students are not interested, except in so far as there is a hurdle to be cleared. Without interest there is no motivation, and learning cannot rise above the level of rote memory. The student consequently gains an anatomical knowledge nine-tenths of which is useless from the moment of success, and a physiological knowledge which can only be described as bogus. Thought has not been stimulated, so when he comes to the surgical department, he brings good will, hard work, but no shred of intellectual help. Our college is now of age. We can no longer blindly accept tradition. For the good of surgery in this country, change must come.

Harry M Windsor,
St Vincent's Hospital, Sydney