Error, error, burning bright

In the forest of possible consequences when medical error leads to patient harm, what's the best path? McNeill and Walton appraise the ethical issues (*page 222*) using four authentic cases presented in increasing order of concern. They demonstrate that apparently distinct paths — one allowing disclosure of mistakes and the other advocating the need for accountability — can actually converge.

Out of the frying pan?

Over the past decade or so prescriptions for indapamide have been on the increase, while thiazide diuretics have waned in popularity. Is indapamide as likely as thiazides to cause electrolyte imbalances? Chapman et al (*page 219*) studied prescription data and reports to the Adverse Drug Reactions Advisory Committee to find out.

Becoming accountable

The Australian Council for Safety and Quality in Health Care intends to collect data on issues such as hospital-acquired infections and the safe use of medications and blood products in healthcare facilities. In the future some of this information may be available for public scrutiny. Other countries have led the way in this "warts-and-all" approach. Marshall (from the UK) and Brook (from the US) discuss the pros and cons of such openness on page 205.

Target practice

How many Australian patients with coronary heart disease achieve the recommended target levels for reducing cardiovascular risk factors? A comparison by Vale and colleagues (*page 211*) of patients from 1996 to 1998 with those from 1999 to 2000 gave encouraging results. We didn't do too badly in overseas comparisons either.

Healthcare and the triple bottom line

Doctors bring to their craft many different belief systems and ethical frameworks. According to Griffiths and Dunlop (*page 226*), however, this laudable diversity may not be to the benefit of the institutions in which they practise. The time has come for Australian hospitals to adopt formal codes of ethics — and to be seen to have adopted them. The authors describe the development of such a code in a large Melbourne hospital.

The male Pill

Yes, it's about time we had one. But would Australian men actually use it? Weston et al (page 208) surveyed a captive population — men visiting their female partners on the postnatal ward — to find out.

Male hormonal contraception is not yet available, but Handelsman's editorial (*page 204*) comments on the need for a male contraceptive that is not only reversible but reliable. Surprisingly, such a product was shown to be feasible a decade ago, but its further development awaits an entrepreneurial kickstart.

The A-list of infections

In the 1980s, HIV/AIDS made infectious diseases a hot topic. These days, the prospect of bioterrorism has led to another resurgence of interest in the subject. However, the intent of the latest *MJA Practice Essentials series — Infectious Diseases* — is broader: infections still cause a quarter of all deaths globally, and the CIA considered them a security threat well before September 11 last year. There's never been more need for clinicians to be primed on infectious diseases.

Why did we choose some topics for the series and not others? Series editors Grayson and Wesselingh explain the choices in their introductory editorial (*page 202*). At the frontline, there's been an outbreak of chickenpox at the local school; a teacher there is pregnant and is seeing you tomorrow for advice. Just as well this issue of the *MJA* arrived today! You turn immediately to Gilbert's article on infections in pregnancy (*page 229*), part of our new *Infectious Diseases* series, for how to assess the risks for her baby.

Risky business

Healthcare facilities and the surgical procedures carried out within them are definitely not without health risks. Bellomo and colleagues (*page 216*) assessed the incidence and nature of serious adverse events after surgery in a Melbourne teaching hospital. Their findings raise issues such as what constitutes optimal perioperative management.

Another time ... another place ...

The number of patients dying or incurring permanent disability each year in Australian hospitals as a result of adverse events (AEs) is estimated to be: 18000 deaths; 17000 cases with more than 50% permanent disability; and 33000 cases with less than 50% permanent disability. There are estimated to be 280000 AEs resulting in temporary disability.

Excerpted from QAHC Study, MJA 1995; 163: 458-471