

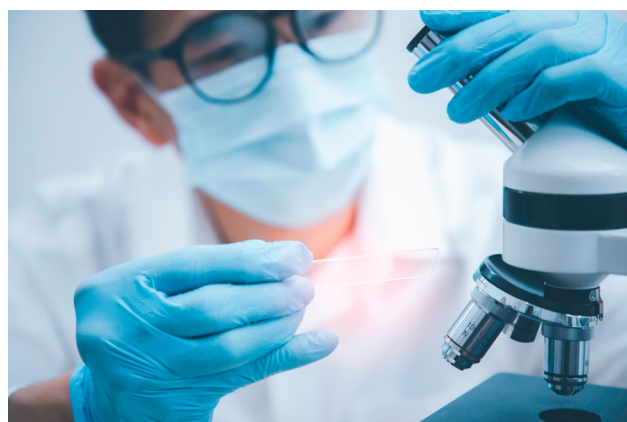
A national perspective

Since 1914, when a Melbourne and a Sydney publication joined forces, Australia has had a national medical journal. The three perspective articles in today's issue of the *MJA* exemplify the unique frame of reference that a national journal brings to the Australian medical community. Perspectives are short pieces that discuss current questions in health care practice and policy. Sometimes commissioned by the Journal, but usually welcomed as submissions, they always present an expert, individual analysis of a topic of interest to our readers.

In this issue of the *MJA*, Clifford and colleagues (<https://doi.org/10.5694/mja2.52605>) discuss the looming threat posed by synthetic opioids such as nitazenes, and call for greater national preparedness. Nitazenes are a class of drugs that, since 2021, have become well established in the illicit drug market in Australia, and have been implicated in 17 deaths since 2021. The authors assess the national situation with regards to these drugs and conclude that "there are sufficient signals to consider preparedness for an increase in opioid-related harms". Building on Australia's world-leading experience in harm reduction, they note that people with lived and living experience of drug use must be central to preparedness planning and responses.

Wyber and colleagues (<https://doi.org/10.5694/mja2.52590>) review the fragility of our country's access to the essential drug benzathine benzylpenicillin G, and the threat this poses to the management of syphilis and the prevention of rheumatic heart disease. These diseases, as the authors note, disproportionately affect Aboriginal and Torres Strait Islander people, who in turn are affected by a lack of reliable supply of high quality benzathine benzylpenicillin G. There are global issues with supply because of fragmented manufacturing. In 2023–24, we saw how Australia was able to respond to a supply disruption. Although many organisations were involved in the response, the authors note the important action of the National Aboriginal Community Controlled Health Organisations in disseminating key information that mitigated the effect of this disruption. They call for national strategic investment in domestically important products, including developing a sovereign manufacturing capability.

Abdi and colleagues (<https://doi.org/10.5694/mja2.52608>) guide the reader through a thoughtful consideration of the term "CALD" (culturally and linguistically diverse), the history of its use in our national discourse, and the hidden, potentially negative effects of language. They note that as Australia moves



towards greater inclusivity, our language must evolve to encapsulate the richness and complexity of the experiences of multicultural communities.

These perspectives each present a scholarly consideration of an issue of national importance, and through this Journal reach a national readership. Having lived and worked in countries where a national medical journal was absent, or ineffective, I am reminded of the unique value of this part of our health system. In this time, as boundaries blur and as trust in traditional sources of information is questioned, that value only increases.

The *MJA* has a history of engaging strongly in issues of national importance, alerting and giving voice to the Australian medical community. The Journal had an important role in sharing the dangers of thalidomide (<https://doi.org/10.5694/j.1326-5377.1961.tb70244.x> and <https://doi.org/10.5694/j.1326-5377.1962.tb20203.x>), providing a forum for the lively debate (<https://doi.org/10.5694/j.1326-5377.2000.tb139219.x>) for Universal Healthcare (Medibank, the precursor to Medicare), and promoting an evidence-based approach to prevention during the terrible early years of the HIV/AIDS epidemic (<https://doi.org/10.5694/j.1326-5377.1984.tb113138.x>). As climate change and new pandemic agents present changing threats to health, having a continued national perspective on these issues is essential. ■

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