In brief

Picture source: REUTERS/Enrique Castro-Mendivil (Peru)

A competitor takes part in a wheelchair race on the outskirts of Lima, Peru, late last month. Municipal offices for people with disabilities organised the race between residents of the southern districts of the city. While Australian athletes considered this year's Paralympic Games a turning point in Paralympic sport (http://www.abc.net.au/news/2012-09-13/paralympians-say-london-success-a-turning-point/4259490), there was just one athlete from Peru at the London event (http://www.london2012.com/paralympics/country/peru).

From the Australian Commission on Safety and Quality in Health Care

Towards national clinical care standards

It is well known that the use of existing clinical practice guidelines, and other tools for ensuring that care experienced by Australians is in line with the best available clinical knowledge, is quite variable. Variation occurs between clinical conditions and across geographical areas. While variation that is based on the preference of patients or the availability of care may be appropriate, any variation in the provision of effective care warrants investigation. To understand and reduce this variation, we need to agree on what constitutes effective care.

To address this issue, Australian doctors, nurses and other health professionals are working together with health consumers to develop national clinical care standards in a new program being established by the Australian Commission on Safety and Quality in Health Care.

In the 2011 National Health Reform Agreement, all Australian governments specified that the Commission will "formulate and monitor safety and quality standards and work with clinicians to identify best practice clinical care, to ensure the appropriateness of services being delivered in a particular health care setting". The Commission is now embarking on a new program that will support expert clinicians and consumers in refining evidence and experience into a number of clinical care standards.

Each clinical care standard will consist of a small number of quality statements that describe the key clinical care that a patient should be offered for a specific clinical condition or a defined part of a clinical pathway, along with derived quality measures and national indicators. Each standard will be accompanied by a suggested implementation approach and practical assistance.

A number of these standards will subsequently be recommended by the Commission to health ministers for adoption as national clinical standards for use by consumers, clinicians and health managers across the Australian health system.

It is anticipated that a rolling program of clinical care standards development will produce at least three standards per year. The first standards being developed will cover acute coronary syndrome, stroke and transient ischaemic attack, and antimicrobial stewardship. Work in these areas has commenced, with the first three standards expected to be completed in the second half of 2013.

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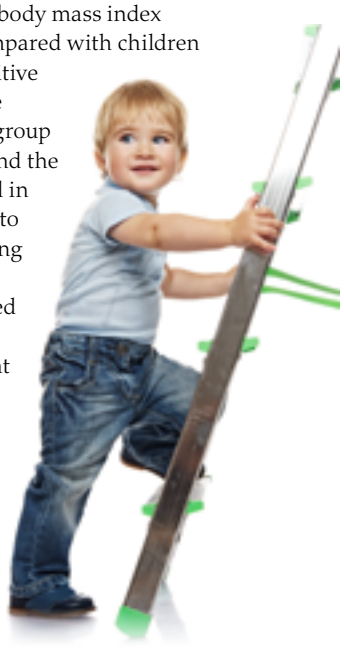
News

Preschool years best time to prevent obesity

Early intervention can help to prevent childhood overweight and obesity and may have sustained benefits, says research published in the *Archives of Pediatrics and Adolescent Medicine*. A randomised controlled trial of 75 overweight and obese children aged 3–5 years found that a multidisciplinary intervention program had beneficial effects on anthropometry and body composition. Children in the intervention group showed a greater decrease in body mass index (BMI), BMI *z* score and waist circumference *z* score, compared with children in the usual care group. The study found that these positive effects were still present 12 months after the start of the intervention. Children and parents in the intervention group received dietary advice and physical activity sessions, and the parents received psychological counselling. An editorial in the same journal said mounting evidence was pointing to early childhood as a "pivotal time for preventing in young children an obesity trajectory that is hard to alter by the time they enter middle school". Another study, published in the *Archives of Disease in Childhood*, identified several risk factors in infancy for the development of overweight and obesity in childhood. The systematic review of 30 prospective studies found that maternal prepregnancy overweight, high infant birthweight, early infant rapid weight gain and maternal smoking during pregnancy were all significant early life risk factors for childhood overweight.



Arch Pediatr Adolesc Med 2012; 26 October (online).
Arch Dis Child 2012; 29 October (online)

Call for compulsory flu vaccination for health workers

Influenza vaccination should be made compulsory for all health care workers, an editorial in the *CMAJ* argues, saying that 55%–65% of physicians in Canada were not vaccinated against seasonal influenza, "exposing their patients to the risk of death from influenza". While campaigns to promote vaccination among health care workers had resulted in a 22%–52% increase in vaccination rates, compulsory programs in some US hospitals had lifted vaccination rates to more than 95%. "Compulsory vaccination may be regarded as ethically questionable", the editorial said. "But in the case of influenza vaccination, the autonomy of the health care workers comes into conflict with the best interests of the patient." Efforts to increase influenza vaccination rates among health care workers at Victoria's Peter MacCallum Cancer Centre and the need for compulsory vaccination are discussed in a letter on *page 552*.

CMAJ 2012; 29 October (online)

From the MJA archives

***MJA* 1979; 5 May (edited extract)**

Doctors and the media

The media frightens doctors. We have all seen those turgid performances when doctors are interviewed. They present as dry, cautious, and even evasive. Why are doctors afraid of the media? Traditionally, the publicity-seeking doctor has been tainted with charlatanry. Others worry that their comments will be misquoted. Doctors are tentative about talking to a journalist who treats sensationally something which needs sobriety. Another danger is that the media folk just might dig up a doctor with opposing views. A full public punch-up between medicos? Never! What are the consequences of this default? We deny ourselves the chance to answer criticism of our performance which, though fair, deserves the sort of reply which could make our activities more acceptable, even if not completely excusable. And we certainly lose the chance to acknowledge with concern criticism of our activities which are completely justified. Furthermore, we eliminate the opportunity to allay medical fear and ignorance. Finally, we pass over a chance to counteract a relentlessly bad Press.

Anthony R Moore

Last line of defence in head-louse control

Topical ivermectin lotion has been found to be an effective head lice treatment, but should not be used as first-line therapy, according to reports in the *New England Journal of Medicine*. A single, 10-minute topical application of 0.5% ivermectin lotion resulted in almost 95% of patients in the treatment group being free of lice on Day 2, 85% on Day 8, and 74% by Day 15. The US researchers evaluated two randomised, controlled, double-blind studies, each of which compared ivermectin with a non-medicated topically applied vehicle. However, an accompanying editorial said good comparative-effectiveness research was still lacking for ivermectin and it should be regarded as "the last choice" for head-louse treatment. It said 1% permethrin or pyrethrin insecticide should remain as first-line therapy despite increasing resistance. Topical ivermectin (0.5%) was approved by the US Food and Drug Administration earlier this year, but is not yet approved in Australia.

N Engl J Med 2012; 1 November (online)

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