

From the Editor's Desk

GOOD AND SAFE DOCTORS

Topics that usually evoke heated debate among doctors include regulation, revalidation or recertification, rationing, and remuneration. Of these, the failure of regulation to ensure good and safe doctors invariably spills over into the media and is accompanied by a loss of public trust. But the issue is not black and white. As Sir Liam Donaldson, Chief Medical Officer for England, notes:

*"There is little disagreement with the assertion that... every patient is entitled to a good doctor. Yet, there is no universally agreed and widely understood definition of what a good doctor is. Nor are there standards in order to operationalise such a definition and allow it to be measured in a valid and reliable way."**

In the United Kingdom, professional regulation is central to the General Medical Council, which sets standards and ensures only qualified doctors are registered, and deals effectively and fairly with concerns about individual doctors. But despite these clearly defined roles, scandals such as the Bristol mishaps and the Shipman Affair continue to plague British medicine.

In Australia, our regulation system is more diffuse, with a plethora of state and territory medical boards, as well as the Australian Medical Council. Unhappily, we too have experienced damaging scandals, as instanced most recently by the "Butcher of Bega" saga.

The Council of Australian Governments has recently agreed to move to a national medical registration system. However, such a system provides no assurance that further scandals will be avoided; nor does it necessarily guarantee that every patient will be cared for by a good and safe doctor. Instead, what we will have is a national system saddled with another complex tier of bureaucracy in conjunction with state institutions, and an overlap in responsibilities.

Importantly, optimal health care delivery remains essentially a human function, and its regulation requires clear and concise communication with as little background noise as possible.



Martin B Van Der Weyden

*Donaldson L. Good doctors, safer patients. London: Department of Health, 2006.

MATTERS ARISING

Teaching Tamil Tigers

544 Asoka Girihagama
544 Sri Lanka College of Paediatricians
545 John S Whitehall
545 Martin B Van Der Weyden

LETTERS

Calcium supplementation does not increase mortality

547 Benjamin M P Tang, BE Christopher Nordin

A case of primary cerebral vasculitis

547 Sanjaya S Herath, Dayna B Law, Peter J O Stride, Vernon J Heazlewood, Luke S Gaffney

Hepatic encephalopathy precipitated by sodium valproate therapy

549 H S Subhash, Robert J Heddle, David W Schultz, John Ring, Campbell H Thompson

A national medical register: balancing public transparency and professional privacy

549 Peter C Arnold

550 Judith M Healy, Paul Dugdale

The real costs of lifetime tobacco usage

550 C Ross Philpot

Medical specialist education and training in Australia

551 Rufus M Clarke, Michael K Morgan

Records of the Australian Mesothelioma Surveillance Program have been lost!

552 Marc Hendrickx

552 Julie Hill

OBITUARY

Sydney Ralph Reader

513 Warwick P Anderson, John S Horvath, Phil Mayne

BOOK REVIEW

Social marketing. Why should the devil have all the best tunes?

541 reviewed by Catriona M F Bonfiglioli

SNAPSHOTS

Delay in development of cardiac tamponade due to coexisting pulmonary embolism

536 Namal Wijesinghe, Cherian Sebastian, Hugh McAlister

A woman with acquired, diffuse, lanugo-like hair growth

536 Marta Ferran, Montserrat Gilaberte, Josep E Herrero-Gonzalez, Lara Pijuan, Ramon M Pujol

498 IN THIS ISSUE

542 IN OTHER JOURNALS