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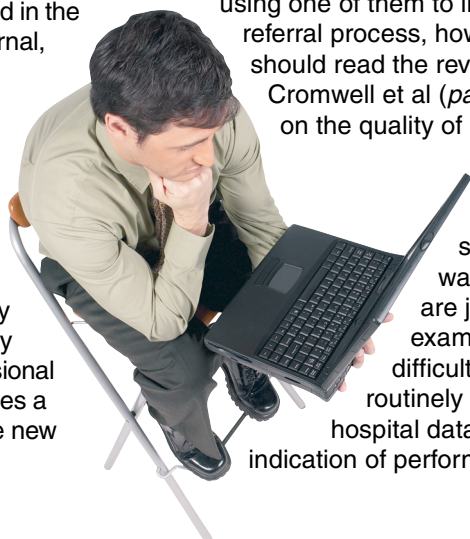
Controlling influences

We have known for almost a decade that good glycaemic control can limit the microvascular complications of diabetes. This is particularly important in children and adolescents, who are in for the long haul. Craig et al (*page 235*) checked HbA_{1c} levels and asked about hypoglycaemic episodes in children under 16 years in NSW and the ACT to see how our youngsters with diabetes are performing. Couper (*page 228*) says things have improved in the past 10 years, and discusses the particular difficulties of tailoring therapy in the young.

GPs seem to get the blame for everything, so it not surprising that many of them have embraced the system of diabetes registers, aimed at reminding them to monitor the progress of their patients with diabetes. Harris et al (*page 250*) present some outcomes using registers in one of the Area Health Services.

Recharting the profession

According to the first article on professionalism, published in the previous issue of the Journal, some of the hallmarks of a profession are competence, integrity, morality, altruism and the promotion of the public good. Does that sound like your job? The second article in the trio (*page 263*) discusses why it is becoming increasingly difficult to fulfil our professional obligations, and establishes a physicians' charter for the new millennium.



Who's who in hep C?

The current S100 criteria for drug therapy for hepatitis C require liver biopsy evidence of hepatic fibrosis. Deciding who is at risk of fibrosis, and therefore should have a biopsy, can be difficult. Danta and colleagues took the opportunity to correlate demographic and clinical data with liver biopsy findings among patients whose details were entered into an S100 pretreatment database in the mid-1990s. They present their findings on *page 240*.

Meanwhile, in Australia, people who have used intravenous drugs make up the majority of hepatitis C sufferers. How has this affected the responses of government bodies and individuals to the epidemic? Issues of discrimination were discussed at the Australasian Conference on Hepatitis C in March (*page 233*).

Cracking up

Why would a young, previously healthy man have an acute myocardial infarction? Somewhere on your list of reasons should be cocaine, which is thought to account for up to 25% of all AMIs in people aged between 18 and 45 in the United States. Vasica and Tennant provide an update on cocaine and the heart on *page 260*.

Lying in wait

There are now handy guides to surgical waiting times for individual hospitals, surgeons and procedures published on the Internet. Before using one of them to inform your referral process, however, you should read the review by Cromwell et al (*page 253*) on the quality of such sites.

According to Boyce (*page 229*) surgical waiting times are just one example of the difficulty of using routinely collected hospital data as an indication of performance.

Seek and find

In 1998, doctors from a northern Sydney hospital reported in the Journal an "exponential" increase in referrals for parathyroidectomy. This was out of step with reports from some other parts of the world. On *page 246* the same endocrine surgical unit is under the microscope again, as Sywak et al compare their rates with the rest of NSW, and seek an explanation.

Enough already?

Both articles in our **EBM: Trials on Trial** series could pose this question. Firstly, Del Mar (*page 258*) looks at a study whose findings challenge conventional wisdom regarding debriefing people after traumatic incidents. The trial in question was able to find differences in outcomes between the control and intervention groups, but what about trials that don't? Might they simply be too small to detect real differences? Kirby et al discuss the issue of sample size on *page 256*.

The herpes viruses

The rapid advances in prevention, diagnosis and treatment of herpes simplex and varicella-zoster virus infections over the past few years might mean that your knowledge is a bit out of date. To be propelled (clearly and concisely) into current thinking, read Dwyer and Cunningham's contribution to **MJA Practice Essentials – Infectious Diseases** on *page 267*.

Another time ... another place ...

We are physicians. It is a proud title. It carries prerogatives; it carries privileges. Most of all it carries accountability, not only for the future of a great profession but for the lives of our fellow sufferers from the human condition.

Lindsay E Beaton
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1965; 40: 35