

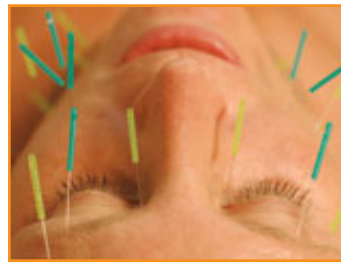
Orthodox medicine eclipsed

■ Michael Woodhead

Alternative medicine is now a \$4 billion a year business in Australia, with a new [survey](#) showing it is now as widely used as conventional medicine.

Two out of three people were using some form of alternative or complementary medicine and almost half those surveyed had visited an alternative practitioner in the last year, a study by the WHO Collaborating Centre for Traditional Medicine, in Melbourne found.

The 2005 survey of 1067 randomly selected adults showed that usage of alternative medicine was now on a par with conventional medicine, with



the estimated number of visits to alternative practitioners (69 million) equalling the number of

visits to medical practitioners. However, less than half the patients informed their doctor about use of alternative medicine.

Annual out of pocket expenses were estimated at \$4.13 billion, said researchers in the study reported in the *Journal of Complementary and Alternative Medicine* (13: 643-50)

"Complementary medicine use nationally in Australia appears to be considerably higher than estimated from previous Australian studies," the study authors concluded.

Comment [here](#).

Parties polls apart on public hospitals

■ Michael Woodhead

Health minister Tony Abbott says the Coalition will take a "pragmatic" line on public hospital funding and will not seek to trump Labor's proposals for a complete Federal takeover of hospitals.

Speaking at the Catholic Health Australia conference yesterday he said Labor's plan to take over the funding of all 750 public hospitals in two years was attractive in theory but fraught with difficulty in practice.

"As Sir Humphrey Appleby

would say on *Yes Minister*, it's a very courageous decision," he said.

He mocked Labor's health [reform plan](#) as unrealistic "radical restructuring" and said he had already found the process of taking over funding of one hospital in Tasmania to be a tortuous process.

Instead, the Coalition would use the Mersey Hospital intervention as a model for creating community-run hospitals answerable to a local CEO rather than state bureaucracy.

"This model has a lot going

for it and if it succeeds we may well see more Federal interventions along the same lines," he said.

Meanwhile Labor in its health discussion [paper](#) has floated the idea of a voucher scheme in which funding for local services would be channelled through private health insurers. The proposal for a "managed competition model" would see patients "pass [vouchers] to the fund of their choice, the fund then having full responsibility as funder/purchaser of all their health and aged care services."

Comment [here](#).

Four-yearly PSA testing is enough

■ Michael Woodhead

Four-yearly PSA testing is an adequate screening frequency for prostate cancer, a new study suggests.

More frequent PSA screening for prostate cancer does not help detect interval cancers, Dutch researchers concluded after comparing two-yearly screening in Sweden with four yearly PSA screening in

Holland. They found that while the overall rate of prostate cancer detection was higher (13.1% vs 8.4%) with more frequent screening, the number of interval cancers diagnosed and the number of aggressive interval cancers detected was not significantly different.

The findings suggested that shorter times between screenings did not reduce the number of aggressive cancers

found between the scheduled screening tests.

"With the present results, it does not seem justified to recommend annual PSA testing except in men at high risk of prostate cancer, who may be identifiable at secondary screening using recently developed algorithms," they wrote.

Jnl Nat Can Inst 2007; 99:1296. Comment [here](#).

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Indigenous health

Dear Tony Abbott - Aboriginal health policies to date are perpetuating the slow genocide that has been occurring over the past 40 years since Government took over Aboriginal Communities. Preventative medicine (primary health care) should be the first issue to be addressed - this includes a multilateral cooperation between the departments of Housing, Employment, Industry and Commerce, Education and Health. Increased police and prisons, the increased policing of substance abuse and increased screening of children are all band-aid measures - covering 'sores' that will erupt with devastating effect in the near future. Unless these five areas of Aboriginal life are coordinated and developed - each section that proposes a move forward is doomed to failure. The overall depression and hopelessness being experienced in many Aboriginal communities is somewhat alleviated by an occasional alcoholic drink, some marijuana, or cigarette. Take these away and something else will replace them.

Dr Michael W Nixon
Casuarina NT



No more gap fees

If Australia wants a fair and accessible health system, we should either merge the public and private health systems or regulate private sector medical fees. The fees set by private doctors are too high. Private insurance cannot cover the total costs and people have to pay thousands of dollars out of pocket.

Trained and raised in the Netherlands I don't understand this. People get private insurance to cover the private costs. So why does the insurance only pay part of it? Is it because the doctors ask outrageous fees for their services?

It is time for insurance companies, doctor organisations and government to sit down together and set fees for consultations etc, so that they can be covered by the insurance. I am convinced that maximum private fees and minimum out of pocket expenses, will make the public sector less congested.

Dr Gaston Boulanger
Gladstone

Chinese products confer uncertain cancer risks

■ Michael Woodhead

The risk of cancer from chemicals used in Chinese-made textiles such as clothes and carpets is unclear, a public health expert says.

While public concern is increasing over the risks of formaldehyde and other toxic chemicals found in some Chinese-made textiles, the evidence for a carcinogenic effect comes from long term studies of occupational exposure to the chemical, says Professor Bruce Armstrong of the school of public health at the University of Sydney. He told *6minutes* that four out of five major reviews had found that long term exposure to formaldehyde was associated with an increased risk of nasopharyngeal cancers, suggesting a local direct effect.

However, it is not clear

whether the carcinogenic effects seen in occupational cohorts can be extrapolated to people using clothing or textiles containing high levels of formaldehyde, he says.



Nevertheless it would be wise to err on the side of safety when there is a suspicion of risk, he suggests.

"For most carcinogens there is no safe dose and the appropriate response would be to ensure that exposure is as low as possible, especially when there is no reason compelling reason to exposure via fabrics," he said.



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- **Professor Eberhard Rabe, Dermatologist, Phlebologist, President Union International Phlebology, Germany**

A copy of the Registration Brochure is available online; [click here](#) to download a PDF version.

Register online at www.conferencematters.co.nz/acp2007.htm or email leon@conferencematters.co.nz for further details.

From the editor

Happy Birthday, Pill, 40 years on



■ Michael Woodhead

While browsing in the sprawling second hand bookshop that is Goulds this weekend I came across a 40 year old copy of *Life* magazine from 1967, which had a special feature on the new contraceptive pill.

The headline was “*Is this the most disastrous thing that ever happened to Australia?*” - although the article actually proved to be an objective and factual account of the discovery and development

of hormonal contraception. It posed some interesting questions – what effect would the pill have on abortion rates? And what are the long term effects on breast cancer and clotting risks? The article was interspersed with comments from “opinion leaders”, who provide an interesting insight into the morality and beliefs of the time. By unlinking sex from reproduction some clinicians believed that oral contraception would promote immoral behaviour and therefore should only be used by married women.

“We have enough promiscuity as it is without encouraging it by prescribing the pill for every single girl who asks for it,” said Professor Harvey Mckay, head of obstetrics and gynaecology at

the University of New South Wales. Retired obstetrician Lady Phyllis Cilento said that by reducing the birth rate, the pill threaten the survival of Australia

“Women are making themselves infertile and maternity hospitals are closing,” she warned.

Others, such as Professor Derek Llewellyn-Jones, a gynaecologist at Sydney University, decried the notion that the morals of young women were only held in check by their fear of pregnancy.

Interestingly, support for the new method of birth control came from many religious leaders. The late Rev Ted Noffs, founder of the Wayside chapel, said that he noticed kids in the sixties had a common sense approach to sexuality and

morality – and there was “less overt sexual activity” than the previous generation.

And the Brotherhood of St Laurence criticised what it described as the “out of date , ostrich-like approach to family planning” and the deeply held fears of increased promiscuity.

It’s tempting to see the 1960s attitudes as archaic and quaint – but are we really that much more advanced with family planning in the 21st century? We now have lower dose oral contraceptives, extended cycle contraception, and devices such as Implanon and Nuvaring. But there is still no male contraceptive and only one doctor in Australia is permitted to use [mifepristone](#) (RU486). Forty years on, we still have a way to go.

Comment [here](#).

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Pimp my, err... asthma inhaler

■ Michael Woodhead

Our gadget of the week must be this slick metal case for carrying your asthma inhaler. This British-made device, from Respire, has a magnetic closure to "keep your inhaler away from dust and fluff. It will also improve the look and feel of your inhaler."

"They are smooth, easy to use and feel good in the hand. Neatly fitting most types of inhaler, they are great to have on the move," says the blurb.

The metal cases come in regular size (for Ventolin-type inhalers) and small sizes (for Seretide and Flixotide style inhalers).

Available for about \$30, from Respirecases.com



GP fees outpace Medicare

Latest Medicare figures show that increases in doctor's fees are leaving patients more out of pocket after Medicare rebates. The average fee charged by doctors who do not bulk bill is \$51, up from \$40 in 2005 and swallowing up the \$4.50 Medicare increase introduced at the time. AMA president Dr Rosana Capolingua urged the government to increase the \$32.10 Medicare rebate to bring it into line with the increased fees that patients now faced.

Comment [here](#).

Sun stops some cancers

Sunbathing may confer some protection against non-Hodgkin lymphoma, Australian researchers have confirmed.

While a previous analysis of five studies produced contradictory evidence, a new review of ten studies found that the risk of non-Hodgkin lymphoma fell significantly with increasing recreational sun exposure. Individuals with the

most sun exposure had a 25% lower risk, said researchers from the school of public health at Sydney University.

In a study in the *International Journal of Cancer* (online Aug 20), they said the protective effect of recreational sun exposure was significant for people 18-40 years of age, and for B cell, but not T cell, lymphomas.

Chlamydia can endure

Asymptomatic women who test positive for Chlamydia should be told that they may have had the infection for several years, sexual health specialists suggest.

This may help save a relationship because there is a 25% chance the infection has been present for more than two years, according to Dr Chris Fairley and colleagues from

the Melbourne Sexual Health Centre.

Writing in the journal *Sexually Transmitted Diseases*, (34; 727) they say young people are more likely to have had more than one sexual partner in the last year, and women should be aware the infection may not have been acquired from their current partner.

Stress gives you heartburn

Obesity and smoking are well known factors for gastro-oesophageal reflux but until now little research has been done into the links between anxiety and reflux.

A large case control study in Norway involving 60,000 people found that anxiety was associated with a three-fold

higher risk of GORD while people with depression had a 1.7-fold higher risk of reflux. Individuals who bottled up their stress did not appear to be more at risk than those with other coping styles, said researchers in the journal *Alimentary Pharmacology and Therapeutics* (2007; 26:683-92).

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You said it...

GP "super clinics" are not the answer

There are lots of views about the appropriateness of patients who attend emergency services and in particular the relationship of triage category 4 and 5 patients to Emergency Department overcrowding. The College of Emergency Medicine say that they contribute little. The politicians imply a lot.

An evolution in how acute care is delivered is needed. It may take up to three to five days for patients who develop an acute problem to see their own GP. What is the public meant to do? In Victoria call nurse on call who will refer them to an ED anyway?

PS The picture you had looks a little like an accident and medical clinic in New Zealand. Be honest about your pics.

"Dr J"

Australia needs GPs. This is a well known fact. However, the government still restricts foreign medical graduates (FMGs) from getting their

Medicare provider numbers for up to ten years. The only way they can work is in "Area of Need" clinics. But 25% of all physicians practicing in Australia are foreign trained.

If you want to relieve the "shortage" of GP's, eliminate this restriction and let a free market actually work.

Alan Dinehart, MD

Medical bloggers beware

The medical blogger story was very interesting. Lots of "there's more to de-identifying material than rubbing out the name". Could those that issue these platitudes please elaborate?

Dr Chris Topovsek
Noosaville

Comment [here](#).

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Wash all salads or croak it

Dr Kerri Parnell

Never mind the chicken, it's the salads you've got to watch if you want to avoid food poisoning, a recent conference heard.

According to a report in *The Lancet Infectious Diseases* (2007; 7:570), fresh fruit and vegetables are attracting increased attention in regard to food-borne diseases following sporadic outbreaks.

Rather than an increase in microbial virulence, the trend is probably due to a greater global trade in "fresh" produce, the report of the Society for Applied Microbiology's conference says, and the proliferation of pre-packed, ready to eat salads.

Customers should disregard "reassuring" labels and still wash salads, US researchers advised, after their study of prepackaged produce found

no difference between spinach straight from the farm and those described as "thoroughly" or "triple" washed.

All had high levels of bacteria, including faecal coliforms.

Unfortunately however, even washing salad veggies is inadequate.

"Many organisms, especially salmonellae, adhere tenaciously to leaf surfaces where they are more resistant to disinfectants. Even worse, they sometimes

become internalised by invading plant tissues through stomata", the report says.

While the audience was

apparently entranced by the novel methods being investigated to solve the problem – ranging from magnetic fields to high-intensity pulsed light – one slide was particularly startling.

It showed a bag of prepacked, ready to eat salad, complete with a live frog inside.



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