In brief

Reuters

Italy's Alessandro Zanardi uses his handcycle during a training session near Padua last month. Zanardi was a successful Formula One driver who lost his legs in an horrific car accident in 2001. Now aged 45, he is heading to the London Paralympics, which begin on August 29, as a member of Italy's handcycling team.

From the Australian Commission on Safety and Quality in Health Care

Assessment of competence in communication of risk

Effective communication between health care providers and patients is a key component of the proposed Australian Safety and Quality Goals for Health Care (http://www.safetyandquality.gov.au/our-work/national-perspectives/goals). Doctors' ability to communicate information about risks of treatment options in ways that patients can understand is a critical aspect of effective communication. Bad presentation of statistical information can lead to misunderstandings, poor decisions and inappropriate care. Gerd Gigerenzer, a leading researcher in risk communication, has highlighted that both doctors and patients may struggle to understand what health statistics mean. He uses the term "collective statistical illiteracy" to describe "the inability of many physicians, patients, journalists, and politicians alike to understand what health statistics mean — often without recognizing their inability" (*Arch Intern Med* 2010; 170: 468-469). Gigerenzer is a strong advocate for inclusion of efficient communication of statistical information in medical curricula and doctors' continuing education (*BMJ* 2003; 327: 741-744).

Communicating risk is a topic covered by the Australian *National patient safety education framework* (http://www.health.gov.au/internet/safety/publishing.nsf/Content/C06811AD746228E9CA2571C600835DBB/$File/framework0705.pdf). This framework identifies knowledge and performance requirements that all health care workers should meet in relation to patient safety. A recent survey of students and staff from 20 Australian medical schools investigated their perceptions of teaching related to patient safety (*Clin Risk* 2012; 18: 46-51). Most respondents believed that the knowledge and skills required for risk communication were covered by current teaching. However, we know little about how competence in risk communication — or in other areas related to safety and quality — is assessed, either at undergraduate level or throughout the continuum of postgraduate and specialty education and training. Achieving competence is an essential step towards high-quality practice. In the coming year, the Australian Commission on Safety and Quality in Health Care will work to gain a better understanding of assessment processes and the minimum levels of performance required in key quality and safety areas. This will help us identify barriers to delivery of safe, patient-centred and appropriate care.

Heather A Buchan
Director, Implementation Support

Nicola Dunbar
Program Manager

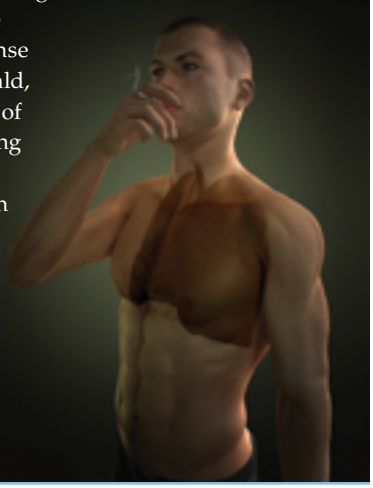
Australian Commission on Safety and Quality in Health Care

doi: 10.5694/mja12.10795

News

Smokers' lungs better than none

Patients in need of a lung transplant fare better receiving lungs from a smoker than waiting in the hope of receiving a non-smoker's lungs, new research shows. The analysis of data on 1295 UK lung transplant recipients found that the 510 patients (39%) who received lungs from donors with positive smoking histories had worse 3-year survival rates than those who received non-smokers' lungs. However, patients who stayed on the waiting list had a higher risk of death than those receiving lungs from a smoker. In response to the research, Professor Peter Macdonald, president of the Transplantation Society of Australia and New Zealand, said smoking rates are lower in Australia than in the UK, which could influence interpretation of the results in the Australian context. He also said that Australian smokers can donate their lungs, although all organs are screened and would not be transplanted if there were concerns about quality.



Lancet 2012; 29 May (online)

From the MJA archives

***MJA* 1945; 20 June (edited extract)**

Dichloro-diphenyl-trichloro-ethane (DDT)

DDT is a poison which is so widely employed that exposure to it in some degree may be regarded as almost universal in westernised society. It is therefore natural that people should speculate whether it is really as harmless to man as it is made out to be. It is generally supposed that its lack of toxicity to man is accounted for by the fact that it is virtually insoluble in aqueous media.

In America, public health workers have published a number of papers on the topic. WJ Hayes Junior and colleagues describe an experiment in which human volunteers were given DDT in milk at varying dosages over a prolonged period, and found no adverse effects at intakes of up to 35 mg/man/day.

Another paper, by MO Ortelee, reports the effect of prolonged intensive occupational exposure to DDT in a group of 40 men employed in the manufacture of DDT or preparations containing DDT. The author concludes that there is no evidence of any illness or symptom-complex identifiable as chronic DDT poisoning among men exposed for periods up to 6.5 years, in such a way that they absorbed about 200 times as much DDT as is absorbed by the general population from their diet. He therefore considers that, with the possible exception of rare hypersensitivity reactions, it is unlikely that any condition exists among the general population as a result of DDT intake from a normal diet.


THE MEDICAL JOURNAL OF AUSTRALIA

Crystalline Penicillin G (Potassium)

COMMONWEALTH SERUM LABORATORIES

Pioglitazone linked to bladder cancer

Pioglitazone, an oral antidiabetic agent, is effective at reducing HbA_{1c} (glycated haemoglobin) levels, but its safety is controversial. Now a retrospective cohort study of 115 727 new users of oral hypoglycaemic agents has found that pioglitazone is associated with a significantly increased cumulative dose-related risk of bladder cancer. Over an average of 4.6 years of follow-up, 470 patients were diagnosed with bladder cancer. Pioglitazone users had an 83% increased risk of developing bladder cancer, while those who had used the drug for more than 2 years had almost double the risk. No increased risk was found for a similar drug, rosiglitazone, and the authors said that more research is needed to determine the biological mechanism linking pioglitazone to bladder cancer. The researchers emphasised that the absolute risk of bladder cancer remained low, but said that doctors should be aware of the association when weighing up treatment risks and benefits.

BMJ 2012; 31 May (online)

Iron supplements benefit non-anaemic women

Fatigue is a common symptom among primary care patients, especially women. New research shows that iron supplementation can reduce fatigue, even among non-anaemic women. Researchers randomly assigned 198 menstruating women aged 18 to 53, who complained of fatigue not identified as due to another condition and had a ferritin level of less than 50 μg/L, to receive either 80 mg of elemental iron or placebo daily. Measured by scores on a validated fatigue scale, those taking the iron supplements reduced their fatigue by 48.7%, while the placebo group reduced their fatigue by 28.1%. The researchers wrote that the identification of iron deficiency as a potential cause of unexplained fatigue may prevent inappropriate attribution of symptoms to psychological causes.

Mol Psychiatry 2012; 15 May (online)

Promising news for chocaholics

If you're as addicted to chocolate as some of the *MJA* staff, you may welcome new research showing that eating chocolate every day could reduce cardiovascular events. Australian researchers used a mathematical model to predict the long-term health effects and cost-effectiveness of daily dark chocolate consumption among 2013 people at high-risk of cardiovascular disease. They found that eating 100 g of dark chocolate every day could reduce cardiovascular events by 85 per 10 000 population over 10 years, at a cost of about $40 per person per year.

BMJ 2012; 31 May (online)

Sophie McNamara

doi: 10.5694/mja12.n0618