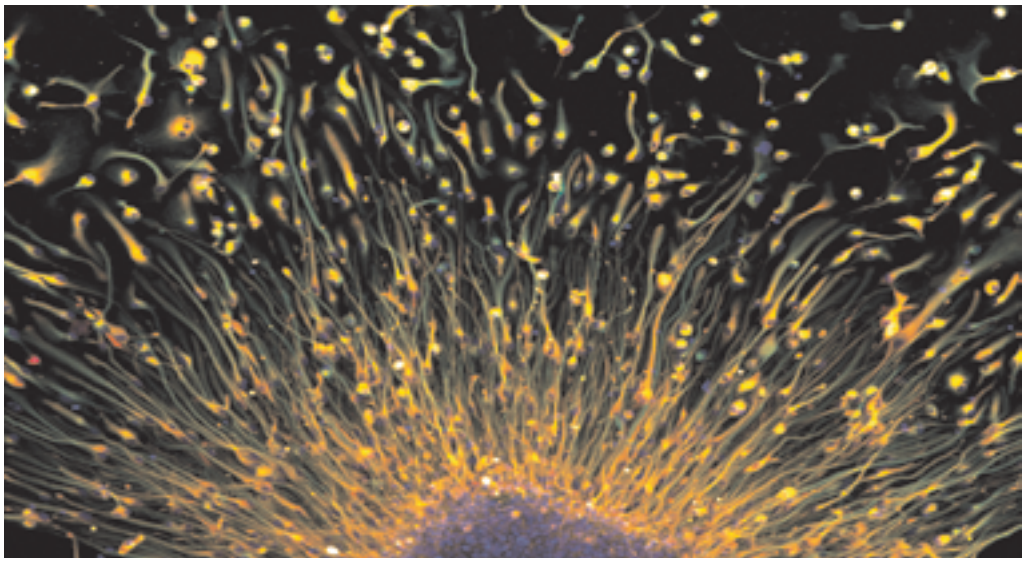
In brief



The dawn of neurodevelopment — the migratory journey of neural precursors

This striking image, reminiscent of a flower blooming, actually depicts cultured neural precursor cells. The cells were grown using growth factors to maintain the cells in a largely undifferentiated state. Propagated as free-floating neurospheres, they were adhered onto substrate-coated glass and cultured for 6 days before fixation and immunostaining. The image was developed by Dr Michael Lovelace, University of Sydney, and was highly commended in the 2011 National Health and Medical Research Council's Science to Art Prize.

From the Australian Commission on Safety and Quality in Health Care

Open communication after harmful health care incidents: a way forward

Australians enjoy first-class health care services which are moving towards greater transparency, accountability and patient-centredness. However, about 10% of hospital admissions result in iatrogenic harm[1] and recent literature indicates many patients do not receive an explanation or apology in response to harmful incidents.[2]

Open disclosure describes the process of discussing with patients harmful incidents that occur during health care. Since 2003, the Open Disclosure Standard[3] has provided a policy framework for Australian health care services and clinicians, and there has been considerable progress towards implementing disclosure throughout the health system. However, there is a gap between incidents requiring disclosure and those disclosed. Disclosure remains an evolving phenomenon, and there has been considerable research examining the experiences of patients and clinicians in relation to disclosure in recent years.[2]

Clinicians are deeply affected by harmful incidents in which they were involved. They strongly support incident disclosure, but are faced with a range of institutional and professional barriers to enacting this challenging process. For some clinicians these include:[2-4]

- a lack of confidence in disclosure communication skills;
- anxiety over legal ramifications;
- fear of damage to their reputations and professional standing; and
- difficulty understanding the experience and needs of patients involved in harmful incidents.

Best-practice open disclosure is an ongoing, bidirectional dialogue between patient and provider. Apology, including acknowledgement of responsibility and saying sorry, has emerged as a key component of successful disclosure for patients and providers. Despite anxiety about apology suggesting liability, evidence continues to indicate that patients appreciate full, unprompted and empathic apology. In addition, apologies can help reduce post-harm patient anxiety by giving a sense that nothing is being hidden, and may also reduce recourse to legal[2] and other avenues to find information about the harm incident.

Research has identified the practice of disclosure as a de-facto indicator of a culture of safety.[2] Poor uptake of the practice of disclosure may suggest a need for more overt organisational support, along with education and training to equip clinicians with the necessary understanding, communication skills and coping mechanisms to perform open disclosure. In the context of greater patient involvement, transparency and a cultural transformation in Australian health care, disclosure presents an opportunity to demonstrate these values, and help build health care institutions that are more responsive to patient needs, and better equipped to acknowledge and learn from error.

Drawing on current evidence on open disclosure and the experience of its practice, the Australian Commission on Safety and Quality in Health Care is currently undertaking a review of the Open Disclosure Standard to ensure it reflects the needs of patients, clinicians and the community. A review discussion paper will be released for national consultation in 2012. For more information please visit the Commission's website (http://www.safetyandquality.gov.au).

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1 Runciman W, Merry A, Walton M. Safety and ethics in health care. Aldershot: Ashgate, 2007.

2 Piper D, Iedema R. Literature review: incident disclosure policy, legal reform and research since 2008. Sydney: Centre for Health Communication (University of Technology Sydney) and Australian Commission on Safety and Quality in Health Care, 2011.

3 Australian Council for Safety and Quality in Health Care. Open Disclosure Standard: a national standard for open communication in public and private hospitals following an adverse event in health care. Canberra: Commonwealth of Australia, 2003.

4 Iedema R, Allen S, Sorensen R, Gallagher TH. What prevents incident disclosure, and what can be done to promote it? *Jt Comm J Qual Patient Saf* 2011; 37: 409-417.

News

Malaria deadlier than we thought

Malaria killed 1.2 million people in 2010, twice as many as previously estimated by the World Health Organization, according to a new systematic analysis.[1] The researchers, including Professor Alan Lopez from the University of Queensland, used data from hospital records, published and unpublished autopsies, surveys and other sources to calculate the new figures. The researchers also found, perhaps unexpectedly, that almost half of all malaria deaths (42%) occurred in people aged 5 years or older in 2010. They calculated that there were 433 000 more deaths in this age group than estimated by WHO (524 000 versus 91 000). Another key finding was that malaria deaths have decreased significantly in recent years, from a peak of 1.8 million deaths in 2004. A related editorial said much of this decline could be attributed to the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has dispensed 230 million insecticide-treated bednets and a similar number of doses of artemisinin-based drugs since 2002.[2]

1. *Lancet* 2012; 379: 413-431.
2. *Lancet* 2012; 379: 385.

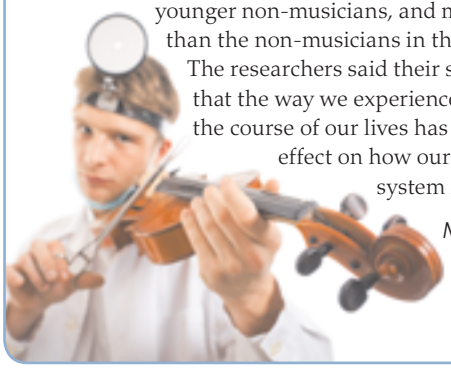
Diabetes deaths decline

Diabetes has increased significantly among Australians in the past 20 years, but the rate of diabetes-related mortality is declining. The prevalence of diabetes increased from 1.5% to 4.1% over the 20 years to 2007–08. Diabetes-related deaths fell by 18% between 1997 and 2007, from 39 deaths per 100 000 to 32 deaths per 100 000. However, in 2007, 5.4% of all deaths in Australia were related to diabetes. The diabetes death rate among Indigenous Australians fell from 52 per 100 000 people in 2001 to 46 per 100 000 in 2006.

Australian Institute of Health and Welfare. Diabetes indicators in Australia, 2012.

Music protects hearing

Doctors who moonlight as musicians may enjoy the sweet sound of new research showing that musical training can offset some age-related hearing loss. The research compared auditory brainstem timing in younger and older musicians and non-musicians to a consonant–vowel speech sound. The older people who had played music consistently throughout their lives were able to encode the sound stimuli as quickly and accurately as the younger non-musicians, and more effectively than the non-musicians in their age group. The researchers said their study showed that the way we experience sound over the course of our lives has a profound effect on how our nervous system functions.



Neurobiol Aging 2012; 30 Jan (online)

MJA research summit

Do care plans work? Are shorter courses of chemotherapy as effective as longer courses? How often do renal failure patients really need dialysis? These sorts of clinical research questions often miss out on funding from the pharmaceutical industry and other funding streams, despite often having high clinical utility. The *MJA* is hosting a research summit in May where clinicians and researchers will discuss ways to attract funding for this type of research. The summit has been generating substantial interest in the media and medical community, and registrations will be open soon on the *MJA* website (www.mja.com.au).

Sophie McNamara

doi: 10.5694/mja12.n0220

From the MJA archives

MJA 1928; 4 February (edited extract)

Cremation

Sir, — I am glad to see that a definite attempt to put cremation on a practical basis in New South Wales is now being made. I trust it will meet with success. Cremation is the only rational and scientific method of disposal of the dead. It should be universally adopted on the battlefields. The virulent influenza epidemic would doubtless have been prevented had this system been adopted during the recent great war.

Adelaide had led the way in cremation. It is worthy of note that the first two white people cremated were the remains of Dr Wylde and Dr Shand. The first body was that of a Sikh.

In addition to the crematorium in Adelaide, there is one in Victoria — The Necropolis, Springfield. It is, I understand, privately owned. The fees are prohibitive — fifteen guineas.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There is also a crematorium in connexion with the quarantine area at Fremantle, Western Australia. This, I am informed, can be used by the general public on application to the proper authority.

I might mention that my own belief in cremation is so definite that I have left instructions for my remains to be cremated when my life is ended.

Yours, etc, Leonard W Bickle, FRCS (Edinburgh), North Sydney.