



GPs uneasy with driving assessments

■ Michael Woodhead

GPs are uncomfortable with their role in assessing patient's fitness to drive and many would like the final decision to be made by a specialist service, especially in borderline cases, a Victorian study shows.

Almost half of GPs say they lack confidence in their ability to assess fitness to drive, and only about 20% believe they should have primary responsibility for declaring a patient's fitness to drive, according to a survey of 217 rural and urban GPs in Victoria.

Their survey findings ([link](#)), published in the *International Journal of Family Medicine*, show that most doctors are concerned



GPs want final fitness to drive rulings to be made by specialists

about the impact on their patient's lives, such as social isolation.

Most GPs thought that reporting a patient would negatively impact the doctor-patient relationship, and many doctors also had concerns about their medicolegal responsibilities.

The Monash University study also showed that many GPs who did driving assessments reported

being unduly pressured by their patients to reconsider decisions, although this seldom led to patients leaving the practice.

While about 60% of GPs believed they should be the initial person to assess fitness to drive, two thirds believed that other medical practitioners who have been specifically trained for assessing fitness to drive should be responsible for a final decision.

GPs were uncertain about which assessment tools could or should be used, and most said they would like more education or information about driving assessment above that provided in the national Austroads guidelines.

What do you think?
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PCEHR program unsafe, unready and unaccountable

■ Michael Woodhead

Medical software providers have delivered harsh criticism of the PCEHR program, saying it is unready for launch in July and that the NEHTA-supervised program will be unsafe and unaccountable.

In a submission ([link](#)) to a Senate inquiry into the PCEHR program the Medical Software Industry Association says it has been kept in the dark about basic standards and specifications for the system. Many of the technical documents in the 'Final' standards provided by the Department of Health and Ageing are either missing or out of

date, according to the MSIA. The software companies say there are also major safety issues with the health identifiers system, which still has little "clinically meaningful usage" and has the potential to lock out both patients and doctors from health records after a patient's personal data is updated.

The association says it is of concern that NEHTA has refused to release a safety report on health identifiers and it has banned its Clinical Safety Unit from speaking to any software companies.

This, along with the prospect of severe penalties and jail terms for breaches of PCEHR legislation on

access, is acting as a significant barrier to anyone using the PCEHR program the software industry group says.

The MSIA says the technical issues with the PCEHR are not new and should not be difficult to manage, but a lack of openness, transparency and willingness to consult by NEHTA "does not make for trusting relationships, or inspire confidence in a way that allows industry to make decisions to invest in, and engage with processes in which NeHTA is involved."

What do you think?
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In brief

PSA velocity a better prostate cancer predictor

Using PSA velocity rather than PSA values alone improves the predictive capability for prostate cancer, a US study has shown. Values above the "speed limit" of 0.4 ng/mL/year were associated with a five-fold increased odds of Gleason score above eight, the study in *BJU International* shows. ([link](#))

GP antibiotic education intervention success

An antibiotics educational prescribing intervention aimed at GPs reduced antibiotic usage by 4% in the following year without affecting outcomes such as repeat consultations or hospitalisations, a UK study ([link](#)) has shown. *BMJ* (online Feb 2).

Methadone prescribers

Most GPs are reluctant to train in opioid substitution prescribing and even those who do are deterred from practicing by colleague disapproval, heavy workload, part time work or deskilling after lapse of time and not prescribing, a study ([link](#)) from Victoria has shown. *Australian Journal of Primary Health* (online Feb 1)



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 **Mental Health**



Medicine in the media



PATIENTS WITH GALLSTONES OR HERNIAS WILL PROBABLY NEVER GET SURGERY because of health cuts in Tasmania, says a Hobart GP who has described the hospital system as a dog's breakfast.

ABC.

CANCER RESEARCH FUNDING IN AUSTRALIA is directed more towards women's cancers including those of the breast, cervix and ovary and neglects more lethal cancers such as lung and pancreatic cancer, a cancer consortium says.

Sydney Morning Herald.

PAEDIATRICIANS SAY SMACKING OF CHILDREN SHOULD BE BANNED as it amounts to child abuse, according to the Royal Australasian College of Physicians paediatric and child health division.

Perth Now.

A NEW TV SERIES "KINGS CROSS ER" will follow emergency doctors, nurses and specialists at St Vincent's Hospital in Sydney.

Wentworth Courier.

DOCTORS ARE URGING PARENTS TO ENSURE THEIR CHILDREN are fully immunised as the new school term starts.

The Courier.

WHITSUNDAY GP DR PAUL JOICE is to appeal a decision by a Queensland Health to limit his scope of clinical practice and ban him from treating acute care or obstetric patients at Proserpine Hospital.

Whitsunday Times.

A CRISIS LINE FOR DOCTORS SUFFERING FROM STRESS, burnout or drug and alcohol problems is being run by volunteers doctors for the DHAS.

The West Australian.

INSULIN RESISTANCE IS DETERMINED BY THE amount of 'advanced glycation products' derived from processed food in the diet, say Australian researchers.

Brisbane Times.

A WHEELCHAIR-BOUND PAIN WITH DEBILITATING BONE PAIN has been selling some of his oxycontin from his GP to pay bills, a court has heard.

Geelong Advertiser.

ASYLUM SEEKER DETAINEES MADE ALMOST 60,000 doctor visits last year, and their \$120 million a year medical bill has been described as 'private Medicare service' by the opposition.

Daily Telegraph.

A QUEENSLAND HOSPITAL HAS A FIVE YEAR WAITING LIST FOR PARKING for staff, so most staff have to budget for regular parking fines.

Sunshine Coast Daily.

THE RESIDENTIAL AGED-CARE SECTOR HAS WARNED that it is on its "last financial legs" with operators facing deficits of up to \$62 per bed, per day for services, a new report shows.

Canberra Times.

CLAIMS FROM DOCTORS THAT GOVERNMENT FUNDED university courses in alternative and complementary medicine are non-scientific "quackery" have been rejected by Southern Cross University.

Northern Star.

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References: 1. Rickels K et al. J Clin Psychopharmacol 2010;30(1):18-24. 2. Septien-Velez L et al. Int Clin Psychopharmacol 2007;22:338-347. 3. Pristiq Approved Product Information. 4. Thase ME et al. CNS Spectr 2009;14(3):144-53. 5. Boyer P et al. Int Clin Psychopharmacol 2008;23(5):243-53. 6. Liebowitz M et al. Curr Med Res Opin 2008;24(7):1877-90.

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Your say



Midwives and doctors differ over pain relief

(link)

While midwives and doctors differ in philosophy of birth and the methods in which women 'should' choose for pain relief during labour, this isn't addressing the real issue.

The real issue is what does the woman want? Women, typically want to have physiological births yet the systems in which they are to birth in do not allow this to happen. In fact they set women up to fail and the woman does not achieve the birth that she had hoped for.

Many care providers today have never witnessed a physiological birth. WHO says that the gold standard of care is that all women should have 1-2-1 continuity of midwifery care through pregnancy, labour/birth and postnatal, or at minimum care from a small group of midwives, with medical/obstetric care as appropriate. This is

shown to have multiple benefits for both the woman and her baby including less need for obstetrical analgesia. It is very difficult to have an antenatal discussion about acceptable pain relief methods when you don't know your midwife, the one who is there during the woman's labour/birth.

Despite the mounting evidence, health systems are still not set up to serve women, they are set up to serve medical staff. Why don't all women have access to holistic midwifery care? Why don't all women have a choice as to where she gives birth? (home, birth centre, hospital) Why don't all women have access to a large home-like, non-threatening environment that has access to non-pharmacological aids such as birthing pools, showers, birthing stools, lounge chairs etc? Why don't all the partners/support people have the ability to stay overnight with their loved one, separation causes much anxiety amongst women.

It is easy to drug a woman to keep her quiet and for a health care provider to remain in control managing her "delivery" - the challenge is to give the control and ownership back to the woman and allow her to dictate her own labour/birth under her esteem with the tools that nature intended with the back up support from health care providers

who can provide necessary assistance when it is required and obstetrical analgesia as she deems necessary, if indeed it is necessary. We cannot expect women to have pain free labours if they being cared for by a string of strangers wanting to do unnecessary procedures in tiny hospital rooms with heaps of equipment on view intimidating her; using shared toilets/bathrooms, a uncomfortable bed and no room to move, barely a chair to sit on.

If we really want to support women we wouldn't be setting them up to fail, making them birth under such extreme circumstances. Birth should be a dignified normal life event without fear. All women want a healthy mother and baby, however we have a long way to go before maternity care resembles what women need for safe and empowering birthing experiences where she is the centre of her care, not policies, usual practices, midwives or medical staffs.

Rachael Austin
RN RM C&FHN

Homebirthers believe hospitals risky

(link)

There is obviously a group of women whose experience of birthing in hospital has been very negative. A safe home

birthing system is possible for low risk pregnancies, if fully funded and supported, but unfortunately there seems to be polarisation on this issue with little middle ground.

I also suspect there is little commitment for home birthing programs from either politicians or health bureaucrats.

John

GP get mixed report card

(link)

For a reasonably good universal health system by international standards, the Australian tax payer is paying GPs the same as about an hour to see a lawyer, or an emergency temporary filling at a dentist - except it's per year! Of course, this is for potentially life threatening conditions, cancers and the rest of the gamut that GPs must look after. It's a little more than a week's unemployment benefit for which we almost always bulk bill those unemployed (now about \$250-00 per week).

Keith Wing Shing



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