

In this issue

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RESPIRATORY RATE IS A VITAL SIGN

Respiratory rate is a strong and specific predictor of serious events such as cardiac arrest and unplanned admission to the intensive care unit, but is the least likely of the vital signs to be recorded, say Cretikos et al (*page 657*). In response to this *For Debate* article, which also points out that pulse oximetry is not a substitute for respiratory rate, Cooper and Buist reiterate the importance of observing, reporting and acting on abnormal vital signs in hospital patients (*page 630*).



BREAST CANCER RATES FALL AS HRT ABANDONED

According to Canfell et al (*page 641*), the sharp decrease in prescriptions for hormone replacement therapy (HRT) after the release of the results of the Women's Health Initiative study in 2002 was followed by a significant reduction in the incidence of breast cancer in older Australian women. Pharmaceutical Benefits Scheme data revealed a drop of 40% in HRT prescriptions from 2001 to 2003. In the same period, breast cancer incidence remained relatively stable in young women, but fell by 6.7% (from 308.3 to 287.4 per 100000) in women aged ≥ 50 years, equating to about 600 fewer breast cancers in 2003 than in 2001. There have also been slight changes in mammography participation over this time, and unknown factors may be at play, but the authors conclude that much of the reduction in breast cancer incidence can be attributed to the fall in HRT use.

A STATE OF HAND HYGIENE

An effective hand-hygiene program that began in a single hospital in Victoria has been successfully "rolled out" to a group of pilot hospitals, and then to the whole state, and has resulted in a statewide reduction in rates of methicillin-resistant *Staphylococcus aureus* (MRSA) isolation and bacteraemia (Grayson et al, *page 633*). The program sought to promote "culture change" to increase the use of alcohol-based hand-rub solutions via promotion to all staff using posters and other material, education and training, and regular feedback. Will a national roll-out follow?

TREATING PREMATURE EJACULATION

Premature ejaculation (PE) is the commonest male sexual complaint, generally has a physiological basis, and is amenable to a range of therapeutic options. In an interesting *Clinical Update* (*page 662*) Palmer and Stuckey provide an approach for men and their partners affected by PE, including the use of topical agents and some of the selective serotonin reuptake inhibitors. They also point out that men who develop secondary PE may be compensating for declining erectile function, and that their PE may improve if this problem is addressed.

FOCUS ON STILLBIRTH

A NSW study reveals that we still have much to learn about stillbirth: in more than 40% of cases, no cause is found. Gordon and Jeffery reviewed routine perinatal data collections for 1264 babies who were stillborn between 2002 and 2004, and correlated them with the findings of a new body, the NSW Perinatal Outcomes Working Party (*page 645*). The most common classification was "unexplained antepartum death", recorded in 41.5% of all stillbirths (60% of those of 37 or more weeks' gestation). The autopsy rate was 45% in this group, compared with 35% in the group considered to be "explained".

Dr Ruth Armstrong, MJA

ETHICAL DILEMMAS

What issues are at the forefront of research ethics in 2008? A survey by Ballantyne and Rogers indicates that ethics committees are unlikely to consider the balance of men and women in trials as part of their remit (*page 653*). Research governance, and the need for all those involved in research to understand and receive training in responsible research practices, has been a growing field for some time, yet Babl and Sharwood found that many clinical researchers are not familiar with some of the key Australian documents in this field (*page 649*). But these may not be the biggest challenges, says Loblay, wrapping up a fascinating potted history of research ethics since the Germans realised they were needed at the end of the 19th century. We should now turn our attention to the next generation.

MEDICAL PHILANTHROPY: DONORS NEEDED

For its population size and relative wealth, Australia lags behind comparable countries in philanthropy for medical research. So say McGregor-Lowndes and Scaife from the Australian Centre for Philanthropy and Nonprofit Studies (*page 631*). "Venture philanthropy", where funds are donated to develop promising new technologies, is the next big thing — but the main message is that all Australians need to increase their contributions to break the current funding drought.



ANOTHER TIME ... ANOTHER PLACE

Philanthropists don't give their lives, they give their names — they have them carved in stone over their institutes and libraries.

Jessie L Williams, Why Marry?