

# Modern epidemics and gifts for humanity

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Since the last issue of the *Journal of Primary Health Care (JPHC)*, the novel Influenza A virus H1N1 has reached our shores. Practices are struggling to cope with the increased workload, super-imposed on the early arrival of our seasonal influenza and outbreaks of pertussis and measles. Fortunately a pandemic is a rare event. However, simultaneously primary care is dealing with a number of epidemics afflicting our communities, not solely infectious in nature.

Use of the 'Class A' controlled drug methamphetamine, especially in the potent form of 'crystal meth' or 'P', has increased over the past decade. An epidemic is a disease or condition that appears as new cases in a given human population, during a given time period, at a rate that substantially exceeds the previous baseline. By this definition parts of NZ society have been grappling with a 'P' epidemic. This highly addictive and destructive drug is causing devastation, particularly to young people and to their families, within all social strata. Our guest editorial by Brain McAvoy provides a comprehensive update on what primary health care practitioners need to know about this drug.<sup>1</sup>

The main epidemics contributing to our growing health burden however are those of chronic conditions, especially metabolic syndrome with the increasing risk of cardiovascular disease and diabetes. As our life expectancy increases and our population ages, the identification, assessment and ongoing management of chronic illnesses, with the added complexity of secondary complications and co-morbidities, is a growing challenge for our general practices.

This issue of the *JPHC* contains a number of original scientific papers addressing chronic

disease. Lawrensen and colleagues look at ethnic and gender disparities in the quality of diabetic care<sup>2</sup> and barriers to the 'Get Checked' programme.<sup>3</sup> Cardiovascular disease is addressed with a nursing audit of risk assessment,<sup>4</sup> use of aspirin and statins in rest homes<sup>5</sup> and GPs' perspectives on assessing and managing CVD risk for older patients.<sup>6</sup>

There are also original scientific papers on chronic obstructive pulmonary disease (COPD)<sup>7</sup> and subclinical hypothyroidism.<sup>8</sup> Eggleston and Kenealy examine practice characteristics that may contribute to improved clinical outcomes from Care Plus, the nationwide initiative providing funding for chronic care.<sup>9</sup> Medical student Anna Fay writes a thought-provoking essay about improving chronic care management.<sup>10</sup>

Martin Wilkinson explores the political ethics of whether the state should have the right to try to make people healthier through influencing or restricting their choices.<sup>11</sup>

Many champion the concept of the polypill, a single pharmaceutical agent containing several medication components acting cumulatively, which might reduce the risk of cardiovascular disease at a population level. In this issue's *Back to Back*, Raina Elley and Les Toop argue elegantly for and against the polypill respectively.<sup>12</sup>

Our regular continuing professional development columns also feature aspects of chronic disease management. The *String of PEARLS* summarises the findings of seven Cochrane reviews on smoking cessation. There are *Cochrane Corners* on the use of combined inhalers for COPD and on the treatment of subclinical hypothyroidism. The *Charms & Harms* column

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examines the available evidence for Devil's Claw, a herbal medicine often used by patients with arthritis.

And now, for something completely different, I had the opportunity to review *Donated to Science: humanity is more than skin deep*, a powerful documentary intended to be shown on TV3 later this year. It is directed by Dr Paul Trotman (PRN Films Ltd, Dunedin prnfilms.co.nz) who also works as a rural hospital doctor in Otago. In 2006 he interviewed several people who planned to donate their bodies to the Otago Medical School. The film follows the process of these human gifts and the students who dissect their cadavers. Although graphic at times, and likely to be unsettling to many viewers, especially those who have not been in the presence of dead people, the film is crafted with great sensitivity and respect. It demonstrates how the learning for the students is not just about anatomy, but more particularly about empathy and their own humanity.

The documentary uses fast forward to convey the sense of time passing, a device that, personally, I found jarring. On the other hand, there are beautiful slow-motion and still shots which transform objects such as stainless steel tables and body bags into images of elegance and serenity.

This extraordinary film explores the thoughts and feelings of the people who donate their bodies, as well as the feelings of their families,

and the students who cut them up. It makes accessible an arena previously experienced by the privileged few—the medical school anatomy room, and the insides of human bodies. Watch it if you get the opportunity.

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### A short tribute to Zachary Gravatt

Zac was a summer student with myself and Editorial Board members Jo Barnes and Bruce Arroll for two summers—with Jo and me in 2007–2008 (studying GP experiences of complementary and alternative medicines) and Bruce in 2008–2009 (exploring educational resources used by GPs). He added to the summer sunshine with his warmth and sense of life. He was a great spirit. In his 4th year of medical school, just turned 22 years old, Zac had the makings of the best doctor I could ever imagine. He loved his chosen career. As one of his friends said, he even chose to do research in his holidays. He also loved life. A fit, strapping, handsome young man dubbed 'party boy' by his classmates, he lived life to the full. He was a fine rower and was always up for adventures.

On 8 July 2009 Zac woke up feeling unwell. He went to his GP and from there to hospital. By 7p.m. he had died of meningococcal septicaemia. Such a huge loss. His death seems incomprehensible. Our only way of coping with his departure is to be grateful for the time we had with him.