Morality, science and the law

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This issue of the *Journal of Primary Health Care* addresses a couple of important areas of medical and legal controversy. Actions may be immoral, harmful or illegal and these attributes may or may not be synonymous. Caution is required when moral feelings override scientific evidence or legal reasoning.

Shaking a baby has long been considered to be a cause of the 'triad' of retinal and subdural haemorrhage and encephalopathy. 'Shaken baby syndrome' has led to the conviction of many parents and other caregivers since the 1940s. Over the past few years there has been increased questioning as to whether, in the absence of any other signs of injury, this triad actually is caused by trauma or is the result of a number of possible natural causes which result in cerebral hypoxia, increased intracranial pressure, and raised pressure in the brain's blood vessels. Is conventional wisdom right, that shaking a baby, in the absence of any impact trauma, can cause severe brain damage and death, or are the classical 'triad' findings likely to be due to natural or accidental causes, including attempted resuscitation of a collapsed infant? This is a debate that needs to be had. We are fortunate to have two renowned international paediatric neuropathologists go back to back on this topic. Dr Lucy Rorke-Adams from the United States argues that the triad is likely to be caused by shaking and that those who suggest otherwise, in order to defend people who have hurt babies, do considerable harm to the victims.[1] Dr Waney Squier from the United Kingdom disputes that shaking a baby is likely to cause the triad and draws attention to the potential damage done by wrongfully removing children from their parents or imprisoning the innocent.[2]

On a different topic, John Kennelly explores the difficulties of using the four moral principles of beneficence, nonmaleficence, autonomy and justice to regulate doctors' conduct within the context of a legal tribunal. These four principles are not always mutually inclusive. For example estimating the potential benefits/risks ratio of an intervention is not always a straightforward exercise. An action focused on the greater good may reduce an individual's autonomy.[3] Using two actual cases heard by the New Zealand Health Practitioners' Disciplinary Tribunal, Dr Kennelly demonstrates the serious limitations presented when these ethical principles are used rather than reasoned legal arguments in considering possible professional misconduct.[4]

A diverse range of research is reported in this issue. Mehta and colleagues report an important finding that about a third of New Zealand primary care patients with known cardiovascular disease are not receiving blood pressure and lipid-lowering drugs, and that younger people (aged under 55 years) are less likely to be prescribed this treatment than older patients.[5] This paper is the subject of a guest editorial by Richard Hobbs, a British professor of general practice with a distinguished professional involvement in cardiology. Professor Hobbs reasons patients are probably not being prescribed these drugs because their general practitioners fail to understand that, to address global risk, these medications should be given regardless of the patient's baseline blood pressure and lipid levels. He highlights that the young are especially disadvantaged because they have the most to gain by reducing their lifetime risk.[6]

Arroll et al. report on the development and validation of a tool for diagnosing sleep disorders.[7] Named the Auckland Sleep Questionnaire, this is the first such questionnaire for use in primary care, and a copy can be found in the web version of this paper.

This issue includes a study addressing barriers around community pharmacists providing servic-

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es for non-English speaking clients,[8] and another study by Pitama and colleagues which found that Maori patients may judge the quality of primary care they receive by their providers' willingness to use and correctly pronounce Maori words and names.[9] Nelson et al. explore influences on young people that can promote cigarette smoking, both social factors such as family and friends who smoke, and the density of tobacco retail outlets in their district.[10]

Research is increasingly focusing on the patient's perspective. One study considers the impact on patients of the diagnosis of a chronic progressive disease, and explores how health professionals may assist their patients make sense of their illness within the context of their lives.[11] Another study that looks at the perception of teamwork in primary care from the patient's and the provider's point of view found that, while the health professionals saw patients as part of the team, patients tended not to see themselves in this role nor embraced the concept of self-management.[12] While practice nurses have increasing roles as team participants, a study by Prince and Nelson shows that generally they feel under-trained in intervening in patients who have a mental health component to their condition. Nurses expressed a range of educational needs including up-skilling in counselling, knowledge of mental health conditions, ability to advise on medication and delivering elements of cognitive behavioural or family therapy.[13]

The improving performance section presents some quality improvement initiatives. An Otago innovation reports on increasing vitamin D uptake in the frail elderly in the Winter months by linking the offer of supplementation with their invitation for influenza vaccination in the Autumn,[14] and an audit process has produced a short list of safety checking mechanisms to reduce possible errors that arise in repeat prescribing.[15]

Finally, it is my pleasure to introduce a new column for the *Journal of Primary Health Care*, *Vaikoloa* (Pacific primary health care treasures). Introduced by Dr Api Talemaitoga who is the Clinical Director of Pacific Health in the Ministry of Health and also a practising general practitioner, *Vaikoloa* promotes knowledge, wisdom and empathy for people from the 22 diverse Pacific Island nations, towards improving their health and wellbeing.[16] The Journal aims to address primary health care issues within the Pacific rim, hence this column is a fitting addition to our publication.

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