

Biology and culture

Not one of your pertinent ancestors was squashed, devoured, drowned, starved, stuck fast, untimely wounded or otherwise deflected from its life's quest of delivering a tiny charge of genetic material to the right partner at the right moment to perpetuate the only possible sequence of hereditary combinations that could result – eventually, astoundingly, and all too briefly – in you.¹

In these words Bill Bryson reminds us that each one of us is a biological miracle. As well as the luck of biology, we New Zealanders have been lucky enough to also be part of a series of human diaspora that has ultimately delivered every person living here to where we are today. However, it is not only our biology that determines who we are, but also our culture. Each ancestor who formed us had a personal, family, and social cultural context, the remnants of which we carry with us, personally. That is the conundrum we face: culture is experienced individually, but expressed collectively. Some cultural values are fixed, some change. There is a focus on biology and culture in the papers of this issue of the Journal.

Regarding culture, Peiris-John and colleagues² remind us that the ethnicity (culture) called 'Asian' in New Zealand statistics is actually a broad array of different cultures, made further different from what they were in the process of being transported to New Zealand. Their research is about Asian youth who, due to their necessarily having their feet in both eastern and western cultures, often experience particular issues that may affect their health: how do they feel about this? What issues do they have, exactly? How willing are they to contribute to research and what research role(s) would they like to play?

Regarding biology, in this issue there is one research report about depression,³ one about

sore throats,⁴ and two papers about stopping Bryson's 'perpetuating the sequence of hereditary combinations' resulting in another person, otherwise known as contraception.^{5,6} Lawton and colleagues⁵ draw attention to the difficulties Māori teenagers experience in accessing post partum contraception - largely a consequence of fragmented health services and cost barriers - and Roke *et al.*⁶ report on New Zealand women's experiences and satisfaction with the Jadelle® contraceptive implant. Our Guest editorial⁷ acknowledges that equity in contraception availability is not as good as it could be, but better than it was.

An exploration of culture is also integral to the other biologically related research papers. Loan and colleagues³ examine a diagnostic challenge arising from the interaction of the cultures of medicine and the Tokelau Islands. If one's Tokelauan patients do not express depression the way the medical texts say it is expressed, does that mean that depression does not exist for these people? – wondered general practitioner (GP) Iain Loan. This report shows how a thoughtful GP asked and answered this question from his clinical practice. In an interesting two-stage literature review Hoare *et al.*⁴ argue that New Zealand's many international medical graduates coming from cultures that expect rheumatic fever not to be present in developed countries may be unprepared for providing appropriate sore throat treatment in some parts of this country.

Two other GPs writing in this issue seek feedback from readers. Anderson proposes an early warning system to alert primary care clinicians to their patients who may be on the brink of rapid deterioration.⁸ Based on other early warning systems for hospital patients Ian Anderson would appreciate readers' feedback on his PHEWS proposal. Would this be useful to other primary care providers among our readership? Are the elements in the PHEWS the right ones? Please email us your thoughts.

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Another GP wishing to engage with the Journal's readers is Sharon Leitch. She has been learning about Practice Based Research Networks (PBRNs) and, despite New Zealand's early leadership in general practice research, she has identified a current gap in collaborative GP research of the type that is filled in other countries by PBRNs.⁹ Readers interested in helping fill this gap should also email us or Dr Leitch.

Last, but of course not least, we have reassuring research from Sporer and colleagues that sunscreens available in New Zealand are probably going to provide the protection we need at this time of year,¹⁰ Clarke-Grill reports on the sort of ethics support GPs favour,¹¹ and Cadogan and Mohammed provide our quality improvement topic for this issue: patients with frozen shoulders.¹²

We are very pleased to bring you this new format of the Journal. As we develop this e-version of the Journal of Primary Health Care, we look forward to exercising the flexibility and efficiency that electronic publication brings, to better meet our readers' needs in the 21st century.

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