



This Issue in the Journal

Bias measuring mortality gradients by occupational class in New Zealand

T Blakely, J Fawcett

Occupational class has been used extensively to monitor trends in socioeconomic mortality gradients. Using linked census and mortality data for New Zealand, Blakely and Fawcett find many likely biases that may impact on the measurement of occupational class differences in mortality. They conclude that whilst using occupational class to monitor socioeconomic trends over time in mortality in New Zealand is possible, it must be done very cautiously.

Heart failure hospitalisations and deaths in New Zealand: patterns by deprivation and ethnicity

T Riddell

The focus of this research was to examine the association between socioeconomic deprivation and heart failure deaths and hospitalisations for Maori and non-Maori New Zealanders. This study found that deprivation was associated with an increased chance of death and hospitalisation from heart failure in New Zealand. However, within all socioeconomic strata, this risk was higher for Maori than non-Maori. Further studies are needed to explain the influence of other determinants such as lifecourse and lifestyle exposures, neighbourhood characteristics, access to medical care, and racism.

Antithrombotic therapy in atrial fibrillation: an assessment of compliance with guidelines

A Nair, W Hazell, T Sutton, S Pillai

Atrial fibrillation is the most common arrhythmia and accounts for 15% of all strokes. This has resulted in the recommendation for commencement of prophylactic medications for prevention of strokes. The study showed a significant underuse of these medications (especially warfarin) in atrial fibrillation at our institution.

Avoiding and fixing medical errors in general practice: prevention strategies reported in the Linnaeus Collaboration's Primary Care International Study of Medical Errors

M Tilyard, S Dovey, K Hall

This international study reports strategies used by general practitioners in six countries to prevent medical errors seen in their everyday clinical practices. The default strategy in all countries, including New Zealand, reflected the unhelpful "name, shame, blame" medical culture. Other useful strategies were proposed and some had been implemented. These findings suggest that "insider" knowledge of the health system may be an important tool that health system planners should use to make healthcare safer for patients.

Quality use of medicines activities in New Zealand hospitals from 2000 to 2002

J Tordoff, P Norris, J Kennedy, D Reith

A recent study indicated a range of activities to promote the appropriate use of medicines were undertaken in New Zealand public hospitals in 2000 to 2002: Drug Utilisation Reviews and campaigns were undertaken; formularies, bulletins and drug expenditure data were distributed. Tertiary and secondary hospitals, where more clinical and specialist pharmacist staff-time was allocated, reported greater activity. Results suggest that staff resources may need consideration for activity to increase, and there may be resistance to central (rather than local) development of treatment guidelines.

New Zealand Rural General Practitioners 1999 Survey Part 4: analysis of specific sub-groups

R Janes, D Cormack, A Dowell

This paper compares and contrasts sub-groups of rural general practitioners in New Zealand by age, rurality, training, country of graduation, and island location (North Island or South Island). It confirms the trend of younger doctors choosing to work part-time, in group practices, and to not own their practice. As older (predominantly male) rural general practitioners retire, finding their replacements may prove difficult, as it will require a greater number of these part-time younger (and increasingly female) doctors.

Accident and fatality characteristics in a population of mountain climbers in New Zealand

E Monasterio

This is the first reported, systematic study that follows a group (49) of experienced climbers for 4 years. The purpose of the study was to determine the injury and death rate in this group. The results show that there was a significant rate of serious injury (involving 47% of climbers) and death (8.2%) related to climbing misadventure, and recommends urgent further investigation into the relationship between mountaineering, accidents, and fatal accidents.