

### Editorial comment

A new edition of the Code of Conduct was implemented in 2003. Although there has not been a dramatic increase in complaints the Code of Conduct Committee has imposed more fines. Although these fines would be substantial for an individual they are relatively small in comparison to the companies' advertising budgets.

Readers of *Australian Prescriber* have expressed an interest in knowing more about the background of the complaints. More detail can be found in the report of the Code of Conduct Committee, but a common theme this year was the promotion of prescription medicines to the public.

Direct-to-consumer advertising is not allowed in Australia, so drug companies have to be careful that their information campaigns, such as disease-awareness activities, do not advertise their products.<sup>1</sup> Three of the breaches involve companies which provided information on web sites.

Novo Nordisk, which produces Vagifem (oestradiol) pessaries, promoted a web site about atrophic vaginitis, through hairdressers. While the hairdressers' capes, which displayed the web site address, were not considered to be educational material, the Code of Conduct Committee concluded that the information on the web site was sufficient to allow a woman to seek a prescription for a specific product.

Roche was found to have breached the code as it was not clear that it was the sponsor of the web site of the Healthy Weight Taskforce. It was also considered that Roche should take more responsibility for the activities of the Healthy Weight Taskforce, to ensure prescription medicines were not promoted to the public.

The Therapeutic Goods Administration complained about the CSL web site. This was found to contain information which could promote particular products to the public.

Other breaches of the code involved written material for consumers. A pharmacy poster about Pfizer's sildenafil was a serious breach, as was an in-flight magazine advertorial by Sanofi-Synthelabo. A pamphlet produced by Aventis Pasteur for patients to receive after influenza immunisation was considered to be promoting a particular product.

Two of the unsuccessful complaints involved competitions. The two companies involved had offered hand-held computers as prizes. As the Committee considered that the perceived value of the prizes was close to the limit of what might withstand public and professional scrutiny, no breaches were found.

### Reference

1. Vitry A. Is Australia free from direct-to-consumer advertising? *Aust Prescr* 2004;27:4-6.

## Book review

### CARPA Standard Treatment Manual.

**A clinical manual for primary health care practitioners in remote and rural communities in Central and Northern Australia. 4th ed.**

**Alice Springs: Central Australian Rural Practitioners Association; 2003.**

**364 pages. Price \$35 plus postage.**

*Dennis Pashen, Associate Professor and Director, Mount Isa Centre for Rural and Remote Health, Mount Isa, Qld*

The new edition (fourth) of the CARPA Standard Treatment Manual provides a reference manual for remote Aboriginal health workers, nurses and doctors in the Northern Territory. It is part of a series of primary healthcare texts for the Northern Territory. The CARPA manual is a unique resource written for and especially valued by remote health staff in the Northern Territory, but it is also used by remote health service providers throughout Australia and overseas.

The manual provides simply worded, readable and easily referenced information. I accepted the challenge of my staff to find named topics for emergency information retrieval. In all instances it took me less than two minutes to find the information they wanted by using the index section.

The manual's Northern Territory roots are obvious with the choice of topics, simple diagrams and easily understood instructions and language. The applicability to Aboriginal Australia is also obvious with topics such as kava, sorry business, worms, hanging and spear injuries. In all situations the information is simple, to the point and relevant. The presentation is attractive, the manual's font size is 12 points or greater, a blessing for those of us whose arms have shortened with the years.

I have compared the CARPA manual with the Primary Clinical Care Manual (PCCM) from the Queensland Government and the Royal Flying Doctor Service (RFDS) Queensland, and the manual of Médecins Sans Frontières. It certainly equals these excellent texts and is probably the most user-friendly manual. Each manual is designed for use in similar contexts but has its own specific idiosyncrasies, such as relationship to State legislation, RFDS medical chests and the Third World. The

PCCM is more detailed (here read smaller font), more thorough and more legislative in approach, while the CARPA manual is more readable and more easily understood. It also provides some cultural context in the assessment and application of management of conditions, such as depression, family domestic violence, and petrol and solvent sniffing. Readers from outside the Northern Territory should take into account their State legislative restrictions and State health clinical guidelines if they use the CARPA manual in their own local facilities.

In short, this is a highly readable and applicable manual

which keeps things simple. I would recommend it and its accompanying manuals to remote health service staff and students of all disciplines; medical, nursing and indigenous health workers. It would also be useful for those interested in Aboriginal health, for example remote facility professionals, or people working in Aboriginal Community Controlled Health and Medical Services. Its previous editions have been standard texts in our Yacca Health Services Library in Mount Isa for some years and they have some of the highest borrowing rates. This edition will be no exception.

## Book review

### Aboriginal primary health care: an evidence-based approach.

**Sophia Couzos and Richard Murray, editors (for the Kimberley Aboriginal Medical Services Council). 2nd ed.**

**Melbourne: Oxford University Press; 2003. 704 pages. Price \$95.**

*Rosemary Aldrich, NHMRC Scholar, Aboriginal and Torres Strait Islander Health, University of New South Wales, and Conjoint Academic, University of Newcastle, NSW*

Anybody who read or used the first edition of Couzos and Murray's book<sup>1</sup> will recall that it represented a vast amount of work by many individuals. People who work in clinical medicine will also know how quickly such a collection of evidence can become dated. The second edition of 'Aboriginal primary health care: an evidence-based approach' is therefore welcome and impressive. There are new sections, expanded sections, and all sections have been updated.

The book aims to be a reference for organisations regarding defined Aboriginal health issues. It also serves as a guide to clinical practice through explicit supported statements, while recognising the desirability of local adaptation of advice and essential 'respectful engagement with the local knowledge and experience of Indigenous people'.

The whole book is a product of the experience of Indigenous people, beginning with the first chapter 'Aboriginal health and the policy process'. Recognising his wisdom and legacy, each chapter is prefaced by a quote from the late Dr Puggy Hunter, a long-time chairman of the National Aboriginal Community Controlled Health Organisation. The book demonstrates that to be involved in Aboriginal primary health care is to be involved in a struggle for self-determination and community identity, and it successfully presents both the clinical evidence and the imperative to respect, recognise and promote autonomy and

self-value among patients as foundations of good health care. While the book is lengthy – at more than 600 pages it is about half as long again as the 1999 edition, with bigger pages – its structure assists in finding desired information. As with the first edition, each chapter concerned with a specific condition begins with a summary. This is expanded upon in the pages that follow, in a systematic order: goals and targets (published statements of intent relating to that condition), burden of disease, risk factors, case definition, diagnostic procedures, effectiveness of prevention, implementation of programs, data collection and, for most, performance indicators. References and notes are at the end of the chapters. Each chapter has shaded boxes of key points, which I found added to the presentation of the information.

Importantly, the second edition has chapters on substance abuse, custodial health and suicide and self-harm, recognising tragic realities for many Aboriginal people and communities. In these and other chapters the book successfully injects evidence about the mediating effect that socio-economic and other determinants of health (such as history, ethnicity, geography) might have in health outcomes, and provides practical advice about how to practise optimally given those considerations. Notably, a National Health and Medical Research Council review on the use of socio-economic evidence in clinical practice guidelines found that the first edition of this book and other related guidelines were one of only two sets of guidelines **worldwide** into which evidence about the socio-economic determinants of health had been incorporated.<sup>2</sup>

The book's use of evidence, ease of access despite the complexity of information and its courage in grappling with difficult issues make this book a resource which no primary healthcare practitioner should be without.

## References

1. Couzos S, Murray R. Aboriginal primary health care: an evidence-based approach. Melbourne: Oxford University Press; 1999.
2. National Health and Medical Research Council. Using socioeconomic evidence in clinical practice guidelines. Canberra: NHMRC; 2003.