Commission on Radiological Protection[16] (which defined risk as the probability of a harmful outcome such as lethal cancer) and the tendency to insist on stereotyped formulations to explain the meanings of probabilities by drawing comparisons with common experiences (like driving a certain distance in a motor car) do not necessarily enhance communication. Nor do they help individuals to make sense of risk in their own particular contexts. Similarly, rigid policies or strategies about communication of risk aimed at achieving predetermined outcomes are likely to be ineffective. Neither purely factual campaigns nor those based on fear can reliably change people's behaviour.[9,10]

Clinicians should assist patients to reflect upon the possible personal consequences of a proposed course of action and to make sense of the information provided in relation to their own personal value systems. Communication of risk must be tailored to the needs and levels of understanding of individual patients. Both the circumstances and the content of communication are important. Privacy and an unhurried, secure setting may be critical. The use of words is important, with ordinary use of language being preferred over technical jargon wherever possible. Different patients will have different requirements regarding standards of proof of risk, safety and benefit and will arrive at different conclusions. Part of the everyday responsibility of the doctor is to respond with openness and flexibility to such differences.

In summary, communication about risk in medicine is a multifaceted process. Objective criteria, factual data, and ongoing research are essential, but need to be supplemented with an awareness of the broader, ethical context within which the clinical process is framed.

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FURTHER READING

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This article is the final one in a three-part series on risk. See also

- 'Perceptions of risk – a legal perspective' by J. McPhee in Vol. 25 No. 5, October 2002
- 'Variation in perceptions of risk between doctors and patients: risks look different when they are close to home' by H. Bastian in Vol. 26 No. 1, February 2003.

Patient support organisation

Arthritis Foundation of Australia

(See Disease modifying drugs in adult rheumatoid arthritis, page 36)

The Arthritis Foundation of Australia, which began as the Australian Rheumatism Council, is an advocacy, research and fundraising body. It aims to improve the quality of life of people who have arthritis or a related condition, those who care for them, and people at risk of developing arthritis, by reducing and preventing the effects of musculoskeletal disorders.

Arthritis Foundations in every State and Territory provide group meetings, a range of activities and talks, and self-management programs for both arthritis and osteoporosis. In these programs people learn about medications and develop strategies to manage their condition such as balancing exercise and rest, managing stress, and undertaking physical treatments such as hydrotherapy and physiotherapy.

The Arthritis Foundation produces fact sheets on forms of arthritis and treatments, endorsed where appropriate by the Australian Rheumatology Association. The Foundation seeks cures, preventions and better treatments by supporting scientific and medical research into arthritis.

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New drugs

Some of the views expressed in the following notes on newly approved products should be regarded as tentative, as there may have been little experience in Australia of their safety or efficacy. However, the Editorial Committee believes that comments made in good faith at an early stage may still be of value. As a result of fuller experience, initial comments may need to be modified. The Committee is prepared to do this. Before new drugs are prescribed, the Committee believes it is important that full information is obtained either from the manufacturer's approved product information, a drug information centre or some other appropriate source.

Fibrin sealant

Tisseel Duo 500 (Baxter)

1.0 mL, 2.0 mL and 5.0 mL kits, each containing a syringe of sealer protein solution and a syringe of thrombin solution

Approved indication: surgical haemostasis

Australian Medicines Handbook section 7.4

This product is a sealant which can be used as an adjunct to surgical techniques for controlling blood loss. It can also be used as an adjunct in the closure of colostomies.

In addition to fibrinogen, the kits contain vials of thrombin, calcium chloride and a fibrinolysis inhibitor. The fibrinogen is reconstituted with the fibrinolysis inhibitor solution and the thrombin is mixed with the calcium chloride solution. Syringes containing the two mixtures are then loaded into a device which delivers equal volumes of each mixture to the wound. The thrombin converts the fibrinogen to fibrin which seals the wound. It takes two hours for the sealant to reach its full strength, but it reaches 70% strength in 10 minutes. The fibrinolysis inhibitor then stops the fibrin being broken down too quickly. As the preparation can take up to 40 minutes the product is unsuitable for unexpected brisk bleeding.

Topical applications of sealants have been used successfully to reduce bleeding in facial surgery, knee arthroplasty, skin grafting, vascular reconstruction and cardiac surgery. Other studies, for example of tonsillectomy, show no advantage.

There is limited published information on this particular sealant preparation. Its fibrinogen and thrombin components are derived from blood donations so there is a potential for transmitting infection. The fibrinolysis inhibitor has a bovine origin so some patients may have hypersensitivity reactions to cow protein.

A laboratory study compared a range of fibrin tissue adhesives. It found that this product took longer to prepare than a cryoprecipitate from a single donor, but had a greater binding power.[1] Although this fibrin sealant could be made up in advance of a procedure, it has to be discarded after four hours. It is also much more expensive than autologous preparations.[1]

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Tadalafil

Cialis (Eli Lilly)

10 mg and 20 mg tablets

Approved indication: erectile dysfunction

Australian Medicines Handbook section 13.3

The treatment of impotence changed when sildenafil was launched in 1998. Over 17 million men have been prescribed