If a patient were to decline to undergo the treatment because of their unwillingness to accept a risk (after being appropriately informed) then they must bear the consequences of such a decision. Doctors also have a responsibility to make it clear to the patient which of any alternative modes of treatment they recommend. They may do this forthrightly although not to the extent that the advice becomes coercive.

E-mail: jmcphee@ehlc.net

REFERENCES

- 1. Rosenberg v. Percival [2001] HCA 18, at [214] per Callinan J.
- 2. Rosenberg v. Percival [2001] HCA 18, at [149].
- 3. *Rosenberg v. Percival* [2001] HCA 18, at [16] per Gleeson CJ. (It should be noted however that the Chief Justice's main concern was about causation would Dr Percival have gone ahead with the treatment if she had been warned about the risks.)

#### FURTHER READING

Space does not permit a more extensive analysis of *Rosenberg v. Percival*, however the judgement is available from the web at: http://www.austlii.edu.au/au/cases/cth/high\_ct/2001/18.html

For a critical view on the recent High Court cases, see Mendelson D. Liability for negligent failure to disclose medical risks. J Law Med 2001;8:358-67.

Conflict of interest: none declared

## National Prescribing Service Medicines Line 1300 888 763

The National Prescribing Service has launched *Medicines Line*, a national telephone service providing information for the general public. For the cost of a local call, people will be able to ask questions about their medicines, including over-the-counter and complementary medicines.

*Medicines Line* is staffed by drug information specialists and will aim to provide independent evidence-based information. It will focus on information about drugs. *Medicines Line* will not give opinions on clinical management or the appropriateness of someone's medication.

Callers will be encouraged to discuss the information with their own general practitioner or community pharmacist, as they will be best placed to help interpret the medicines information in the context of the person's health. When the caller gives permission, a copy of the information provided to them will also be forwarded to their general practitioner or community pharmacist.

The service will be operated from the Mater Hospital, Brisbane, by a consortium that includes the Pharmaceutical Society of Australia. *Medicines Line* will complement the existing NPS Therapeutic Advice and Information Service for health professionals.

Contact details for the two NPS telephone services are

for consumers: *Medicines Line* 1300 888 763

for health professionals: *Therapeutic Advice and Information Service* 1300 138 677

# **Patient support organisation**

### **Retina Australia**

Retina Australia is a national peer support organisation concerned with retinal diseases, including macular degeneration. Through its State and Territory branches Retina Australia offers voluntary peer support to sufferers of retinal disease. It publishes a wide range of information on retinal disease, some of which is available on its web site. Retina Australia also raises funds for scientific research into the causes, prevention and cure of retinitis pigmentosa and other retinal dystrophies.

The National President of Retina Australia has described living with a visual disability in *A degree of vision* (Personal paper), Lancet 2000;356:1517–9.

### Contacts

Web site: www.retinaaustralia.com.au E-mail: raact@tpg.com.au Toll free number: 1800 999 870 Australian Capital Territory

E-mail: raact@retinaaustralia.com.au Phone: (02) 6258 1979

New South Wales

E-mail: ransw@retinaaustralia.com.au Phone: (02) 9744 7738

Queensland

E-mail: raq@gil.com.au Phone: (07) 3229 0482, 1800 000 999

South Australia and Northern Territory E-mail: rasa@senet.com.au Phone: (08) 8362 1111

Victoria and Tasmania E-mail: ravic@retinaaustralia.com.au Phone: (03) 9650 5088

Western Australia E-mail: warpf@iinet.net.au Phone: (08) 9227 7842