



This Issue in the Journal

The contribution of causes of death to socioeconomic inequalities in child mortality: New Zealand 1981–1999

C Shaw, T Blakely, P Crampton, J Atkinson

This study examined the relationship between parental socioeconomic position and specific causes of death in New Zealand children aged 1–14 between 1981 and 1999. It showed that children from lower socioeconomic households are more likely to die from all causes of death (except for cancer). For example, children in lower socioeconomic groups are 87% more likely to die from non road traffic injury, 36% more likely to die of road traffic injury, and 81% more likely to die of ‘other’ causes of death (e.g. communicable diseases). Children in lower socioeconomic households are consistently, and unfairly, exposed to the risk factors for diverse causes of mortality.

Work-related fatal traffic crashes in New Zealand: 1985–1998

B McNoe, J Langley, A-M Feyer

The aim of this study was to identify and describe all work-related traffic fatalities in New Zealand between 1985 and 1998 inclusive. At an average of 31 deaths per year (28% of work-related fatalities), work-related traffic crashes represent the single largest category of work-related death in New Zealand. If commuters are excluded from the estimate, the average is approximately 17 deaths per year (16% of work-related fatalities).

Toxic effects of BZP-based herbal party pills in humans: a prospective study in Christchurch, New Zealand

P Gee, S Richardson, W Woltersdorf, G Moore

Herbal party pills are now widely used by young New Zealanders. The principal ingredient of these pills is 1-benzylpiperazine (BZP); a synthetic stimulant. BZP is illegal in many countries (but not in New Zealand) and very little is known about the effects of BZP on humans. This study describes the observed patterns of human toxicity related to the use of BZP-based ‘herbal party pills’. The results of this study indicate that BZP can cause unpredictable and serious toxicity in some individuals.

Ethnic differences in nicotine metabolic rate among New Zealanders

R Lea, N Benowitz, M Green, J Fowles, A Vishvanath, S Dickson, M Lea, A Woodward, G Chambers, D Phillips

Maori have one of the highest rates of smoking in the World and smoking is responsible for about 31% of Maori deaths. Ancestral or genetic factors, which lead to differences in the way Maori metabolise nicotine, might play a role in this problem.

ESR conducted a novel study to show that Maori smokers tend to metabolise nicotine at a slower rate compared to Europeans. This knowledge may help explain why Maori are more susceptible to becoming addicted to smoking and might mean that Maori require more tailored cessation therapies based on their unique genetic and metabolic makeup.

Secondhand smoke in New Zealand homes and cars: exposure, attitudes, and behaviours in 2004

J Gillespie, K Milne, N Wilson

Studies show that exposure to secondhand smoke increases the risk of serious health effects among non-smokers. This paper assesses exposure to secondhand smoke in New Zealand homes and cars, and describes people's attitudes and behaviours to establishing smokefree settings. Smoking bans were more likely to be imposed in homes than in cars. Although most people (73.6%) surveyed said they lived in homes with self-imposed smoking bans, secondhand smoke remains a significant public health problem, especially for Maori and low-income New Zealanders. Further public health campaigns are needed to increase the number of smokefree homes and cars.

Hong Kong case-control study of sudden unexpected infant death

T Nelson, K-F To, Y-Y Wong, J Dickinson, K Choi, L-M Yu, Y Ou, C-B Chow, E Wong, N Tang, M Hjelm, L Chen

A 4-year study shows that sudden infant death syndrome (SIDS) is very uncommon (0.16 per 1000 live births) in Hong Kong. As elsewhere, prone sleep position and smoking by the mother were risk factors. Bedsharing was only risky when the baby slept with someone other than the parents. Parents whose baby unexpectedly dies have a right to a diagnosis. Cause of death was often recorded as 'unknown' or 'unascertained' instead of SIDS, thus emphasising the need for a child mortality review process in Hong Kong.

Perceptions of New Zealand adults about complementary and alternative therapies for cancer treatment

J Trevena, A Reeder

We report the results from the first survey of adult New Zealanders' attitudes towards complementary and alternative (CAM) therapies for cancer treatment. There was a high level of acceptance of CAM therapies: two-thirds of respondents thought that complementary therapies could be beneficial when used alongside conventional treatments, whereas one-third thought that alternative therapies could be effective when used instead of conventional treatments. We recommend that evidence regarding the efficacy of CAM therapies be made more widely accessible.

Attitudes of hospital medical practitioners to the mandatory reporting of professional misconduct

S Raniga, P Hider, D Spriggs, M Ardagh

339 New Zealand doctors answered questions about three hypothetical scenarios to examine their attitudes towards the mandatory reporting of colleagues. The scenarios were; an alcohol impaired practitioner, a senior colleague with recent behavioural change, and a surgeon expressing racist views. Most respondents indicated they would act if a colleague was falling below professional standards, although there was only limited support for mandatory reporting. Instead they preferred to consult senior colleagues or sometimes counsel the practitioner themselves.