research agenda on clinical practice and encourage the use of appropriate generic pharmaceuticals.

Competing interests: Allen Cheng and Ken Harvey have been external drug evaluators for the Therapeutic Goods Administration.

Allen C Cheng, Infectious Diseases Physician[1]
Priscilla M Robinson, Senior Lecturer[2]
Ken Harvey, Adjunct Senior Research Fellow[2]
1 Department of Medicine, University of Melbourne, Melbourne, VIC.
2 School of Public Health, La Trobe University, Melbourne, VIC.
allenc@menzies.edu.au

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Addressing the health costs of the Iraq war: the role of health organisations

Luke Wolfenden and John Wiggers

To the Editor: The human costs of the war in Iraq are mounting. The war has already claimed the lives of about 3000 Coalition service men and women[1] and well over half a million Iraqi men, women and children.[2] Reports by the United Nations Assistance Mission for Iraq indicate that hundreds of thousands of civilians have been displaced, and that military operations in the country are limiting civilian access to health and education services, food, electricity and water supplies.[3] Furthermore, the reports describe a generalised breakdown of law and order in the country, continued growth of militias and organised gangs, and abhorrent human rights violations such as torture in the form of electrical and chemical burns, injury inflicted to eyes and genitals, and wounds from power drills and nails.[3]

Currently, the Iraqi health system is unable to cope with the health care needs of its population. Iraqi health infrastructure has not escaped the damage or destruction of war. Hospitals lack basic medical supplies such as intravenous fluids, antibiotics, oxygen, disinfectants and bed sheets.[4] The precarious security situation in the country has also contributed to a severe shortage of medical personnel. About 25% of Iraq's physicians have left since the beginning of the war, while those remaining are the targets of violence, intimidation and kidnappings.[4] Such an exodus of health personnel has required many of the remaining medical staff to undertake procedures for which they are not qualified.[4]

Recognising the need for action in Iraq, a workshop was arranged by the International Committee of the Faculty of Public Health, Royal Colleges of Physicians of the United Kingdom, in 2003. The workshop, which included representation from the World Health Organization and the Iraqi Ministry of Health, called for health organisations to be active advocates for improving the health of Iraqis and to provide technical support and assistance to their Iraqi health colleagues.[5] Training and professional development opportunities for health staff and the provision of up-to-date health information were identified as specific areas of need in the Iraqi health sector to which health organisations

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could make a meaningful contribution. In Australia, there has been a small move in this direction, with the federal government providing in-principle support for an initiative to train three Iraqi physicians in emergency surgery.

Australian health associations, agencies and professionals need to do more to respond to the humanitarian crisis in Iraq. Carefully coordinated training programs, particularly in the areas of medicine and public health, and the provision of medical aid, resources and information by Australian health organisations, would enhance the capacity of the Iraqi health system to alleviate the effects of war on its citizens. Furthermore, health organisations and professionals need to advocate on behalf of Iraqis, raise awareness of the inadequacies of Coalition government aid, and demand a more effective humanitarian relief effort for victims of the 2003 invasion.

Luke Wolfenden, Conjoint Lecturer
John Wiggers, Senior Lecturer
School of Medicine and Public Health,
University of Newcastle, Newcastle, NSW.
luke.wolfenden@hnehealth.nsw.gov.au

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Clinical paradigms revisited

Andrew P Wright

To the Editor: I was surprised by Wong's letter on the role of history-taking and examination in the diagnostic process.[1] I would suggest that Wong, as a surgical registrar, receives the majority of his abdominal pain referrals from the medical staff of the emergency department. Although he advocates the liberal use of abdominal computed tomography (CT) scanning, I believe he ignores the fact that another medical practitioner has already taken a history and performed an examination that has suggested a surgical cause of pain for which a surgical opinion is then requested. Wong would thus remain unaware of other cases in which patients present with abdominal pain but the case is ruled non-surgical on the basis of history, examination and limited investigation not involving abdominal CT scanning.

History, examination and even appropriately targeted investigations remain imperfect diagnostic tools, but I agree with Schattner[2] that history-taking and examination are very important adjuncts in the diagnostic process.

Andrew P Wright, Anaesthetist
Department of Anaesthesia, Concord Repatriation General Hospital, Sydney, NSW.
wrightan@tpg.com.au

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2 Schattner A. Clinical paradigms revisited [letter]. *Med J Aust* 2006; 185: 672. ❑

Richard M Mendelson

To the Editor: Like Schattner, I am appalled by the attitude to diagnosis displayed by Wong regarding the use of computed tomography (CT) scanning in