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IN REPLY: Balit et al raise the problem of distinguishing between intentional and unintentional ingestions. As stated in our article, we did look at deliberate and accidental poisonings separately, but space restrictions, not limitations of our dataset, prevented us from presenting the results.¹ Of 2266 paracetamol poisonings, 1731 (76%) were coded as deliberate, 433 (19%) were accidental and in 103 (4.5%) the intention could not be determined. Restricting the analysis to the deliberate cases yields almost identical results.

Our dataset may have contained poisonings with liquid or combination formulations of paracetamol that were not recalled. This factor would have operated before, during and after the recall and would only serve to reduce the magnitude of any effect, rather than accentuating it.

We considered 2663 admissions for over-the-counter analgesic poisoning,¹ as opposed to 143 in the NSW study.² We did not look at telephone calls, as reliance on data from calls to a poisons information centre raises far more concerns about data quality than hospital statistics do. How reliable was the informant? How serious was the poisoning? Do telephone data contain less serious cases that do not require admission?

Hender et al report the findings of an observational study restricted to a single paediatric emergency department attached to the Women's and Children's Hospital, Adelaide. Unfortunately, data for only three years are presented, with no information for the years before the recall. Neither do we know how many were intentional or unintentional. By definition, their data exclude adults. As they state themselves, it is not possible to reach any definite conclusions from their observations. We should not prematurely dismiss the possible benefits of restrictions on the availability of paracetamol. If there are concerns that restricting the availability of paracetamol might increase the use of other

over-the-counter analgesics in poisonings, we should be investigating the effectiveness of restrictions on the availability of these as well.

Who precisely benefits from continued sales of over-the-counter analgesics in catering pack sizes?

1. Kisely SR, Lawrence D, Preston NJ. The effect of recalling paracetamol on hospital admissions for poisoning in Western Australia. *Med J Aust* 2003; 178: 72-74.
2. Balit CR, Isbister GK, Peat J, et al. Paracetamol recall: a natural experiment influencing analgesic poisoning. *Med J Aust* 2002; 176: 162-165. □

Whither pathology in medical education?

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TO THE EDITOR: All established disciplines that have contributed to medical curricula in the past should play, as Weedon¹ argued recently for pathology, a pivotal role in contemporary medical curricula. Indeed, students should be able to acquire better knowledge of a discipline through a problem-based learning (PBL) approach than through traditional teaching methods.

The crux of the PBL approach is that knowledge, skills and the other professional attributes are learnt in a way that puts them into context and thus makes them meaningful and better remem-

bered by medical students. The trouble is, as Weedon pointed out, the number of academics in the discipline of pathology is dwindling. The scarcity of academic pathologists, combined with the increased workloads of private pathologists, means that their input into designing and developing curricula and into pathology teaching may be increasingly inadequate.

Pathology is not the only discipline to be underserved in today's medical schools. In response to concerns about the medical curriculum, the Royal College of Pathologists of Australasia and other Colleges and interest groups have developed core syllabuses for use in medical programs. These developments are most welcome in view of the diminishing resources available for teaching in universities. In a PBL-oriented curriculum, teaching staff work in a multidisciplinary team in which the aspirations and limitations of each group are acknowledged, respected and acted upon in the context of realistic expectations of what is possible and what is necessary for medical graduates in the 21st century.

Currently, in Queensland, a series of pathology modules for students to use during their clinical rotations would be well received. The use and interpretation of pathology tests are already built into PBL case studies, and could be extended into a module set as prerequisite learning for an attachment to a public or private pathology laboratory.

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Pathologists may also be able to use the syllabus to guide their teaching in mentorships for the elective components of medical programs.

The needs of disciplines such as pathology will be best achieved through genuine understanding of the aims of medical schools to ensure appropriate, realistically achievable learning for students. When students are motivated to acquire knowledge of a discipline because they can see its relevance to solving patients' problems, their enthusiasm for the discipline will be enhanced and they will learn well.

1. Weedon D. Whither pathology in medical education [editorial]? *Med J Aust* 2003; 178: 200-201. □

Donald D Beard

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TO THE EDITOR: The issues raised in the editorial by Weedon¹ are a sad reflection on current medical education. Weedon voiced the serious concern of the Royal College of Pathologists of Australasia regarding the downgrading and marginalising of the teaching of pathology because of the ascendancy of problem-based learning, to the detriment of the basic sciences pathology, physiology and anatomy.

Weedon reminded us of Virchow's pronouncement that applying the doctrines of pathology "helps to deepen biological knowledge, and to light up still further that region of the unknown which still envelops the intimate structure of living matter". That statement also applies to anatomy and physiology. It could not have been said better.

Some years ago, while I was on the Curriculum Committee of the University of Adelaide, the Committee agreed to recommend that the basic sciences continue to be taught throughout the medical course. Unfortunately, the recommendation was not accepted, and now the position is even worse. I find it very difficult to understand the priorities of the current medical curricula and who is making the recommendations.

I feel the excitement of the study of medicine is disappearing, and hope it is not too late to reverse the current trend.

1. Weedon D. Whither pathology in medical education [editorial]? *Med J Aust* 2003; 178: 200-201. □

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TO THE EDITOR: I was most interested in Weedon's editorial on the teaching of pathology in the present medical curriculum.¹ I have lamented the demise of anatomy teaching in undergraduate courses and regret that pathology is going the same way. In my view, anatomy, physiology and pathology are fundamental to understanding the disease process. They enable physical symptoms and signs to be interpreted in a logical manner so that a provisional diagnosis can be made. Once this has been done, it is reasonable to progress to ancillary aids to confirm or refute the original diagnosis.

When doing operative surgery I used to ask my assistants questions, usually on anatomical features that were being exposed. Many, including some who possessed the primary surgical fellowship, could not identify simple structures such as the sartorius muscle when the popliteal artery was being exposed. Questions on structures in the neck were even less well answered.

The present medical curriculum is directed towards problem-solving methods and the patient's condition in relation to the environment and other conditions. But how much thought goes into the mechanism of disease and understanding physical findings? I consider medicine and surgery to be applied pathology, and therefore knowledge of the basic facts is essential.

Future doctors may be proficient in the general and social aspects of medicine, but it would seem that their knowledge of the basic facts of anatomy, physiology and pathology and their understanding of the mechanism of disease may be no better than that of a "medicine man".

1. Weedon D. Whither pathology in medical education [editorial]? *Med J Aust* 2003; 178: 200-201. □

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