

From meals, movies and microbes to a new chocolate yuk scale, mortality among wizards, and medical career staging: season's greetings!

Nicholas J Talley AC 

Time to celebrate another successful year in difficult times, but we are mindful of the challenges that remain

Welcome to the final *MJA* issue of 2022! As most Australians take well earned Christmas–New Year breaks, many health professionals across Australia continue to serve their communities, staff our hospitals and clinics, and provide outstanding health care 24 hours a day. We at the *MJA* thank everyone working in health and medicine for all you do every day, during the holiday season and throughout the year, and hope that you too will find time for a break.

I have always enjoyed writing the final Editorial in December, and this is my last. One from earlier in my tenure as Editor-in-Chief, focused on the 2018 Christmas competition entries, was entitled “From the curious case of patient K to TOP GEAR and Bond”.¹ Ever since, many (largely obscure) open access journals have advised me in unsolicited emails that they found the research in this article “spectacular” or “a breakthrough”, inviting me to publish a similar or even identical piece with them (for a fee, with very rapid turnaround). Deleting these requests never seems enough reward. I suspect I can look forward to more of the same after this editorial!

The *MJA* Christmas competition 2022

“Let’s talk about the reindeer in the room...”² In line with our long standing tradition, the *MJA* has welcomed amusing, light-hearted, and interesting contributions to the annual Christmas issue, with a prize for the best entry.^{2–4} We have another great selection for you, on topics ranging from mortality among witches and wizards in the world of Harry Potter (did you know that 603 wizards and witches in the Potter books experienced 1541 maladies and injuries, and that 131 died?)³ to a new faecal assessment scale based on chocolates⁴ and the impact of festive cinematic diets on the gut microbiota.² In medicine, staging of disease is often used to inform prognosis and treatment, so why not stage medical careers? This idea is amusingly explored in a not-to-be-missed Reflection article outlining nine career stages in medicine, from nescience to swansong, together with sage career advice such as: “A touch of paranoia will assist a research career (where every rejected journal submission or grant application encourages you to ‘prove the bastards wrong’)”.⁵

I’m pleased to announce that the winner of the 2022 Christmas competition, selected by the *MJA* editorial team (I recused myself from voting), is the Aussie children’s choc poo scale⁴ and the author will receive an Australian Christmas hamper. I am a gastroenterologist, and we indeed ask our patients to inspect their stools! Trust the British: the Bristol stool scale is widely used in research and practice to objectively assess changes in stool form that indicate diarrhoea or constipation, for example.

The stool form score is correlated with objective measures of colonic transit (correlation coefficient of about 0.7);⁶ the scale is now included in undergraduate medical teaching and textbooks.⁷ Children, however, may not understand the scale as well as adults do, so the proposed alternative is welcome.⁴ But after reading this paper, I may never look at chocolate (or the other) in the same way again!

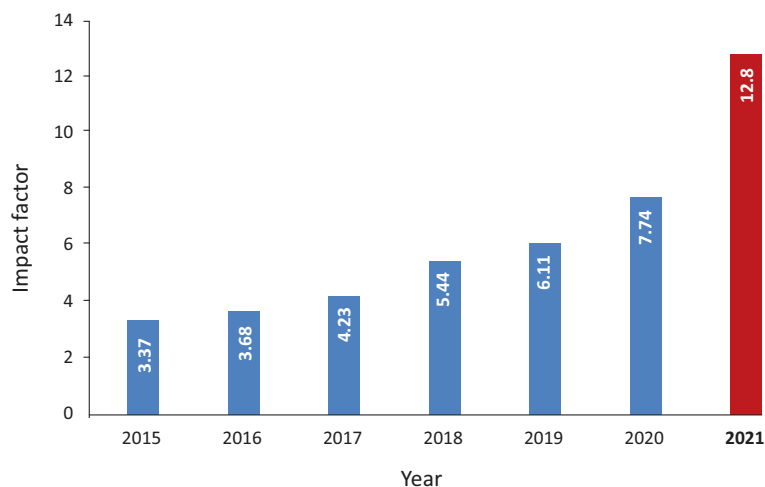
The *Medical Journal of Australia* in 2022

Each year we publish bibliometric data for the *MJA* so that readers, reviewers, and authors can transparently judge the performance of the leading general medical journal in Australia (Box 1). I am constantly reminded by colleagues and others that the *MJA* plays a major role in informing and, at times, leading discussions of questions of importance to health and medicine in Australia. During the COVID-19 pandemic, the *MJA* is playing a major role in providing evidence-based information and views that inform policy and practice.^{8–10} This year we also published

1 Manuscripts received and accepted by the *Medical Journal of Australia*, 1 July 2021 – 30 June 2022, by type; number of peer reviewers, 31 October 2021 – 1 November 2022; and Journal Impact Factor (Clarivate), 2021

Manuscripts	Received	Accepted	Proportion
All manuscripts	1472	338	23%
Research articles	569	36	6%
Research letters	93	20	22%
Narrative reviews/ Meta-analyses	89	9	10%
Guidelines	9	4	44%
Perspectives	231	83	36%
Lessons from practice/ Snapshots	174	31	18%
Editorials	63	59	94%
Letters	109	59	74%
Mean time to decision (days)			
All manuscripts		Accept: 86; reject*: 21	
Research manuscripts		Accept: 132; reject*: 124	
Peer reviewers (31 Oct 2021 – 1 Nov 2021)		684	
Journal Impact Factor, 2021 [†]		12.8 (2020: 7.74)	

*With or without peer review. † Source: Journal Citation reports, Clarivate Analytics, October 2022. ◆

2 The Journal Impact Factor of the *Medical Journal of Australia*, 2015–2021*

* Source: Journal Citation reports, Clarivate Analytics. ◆

data on the overall policy impact of the *MJA* over the past decade, affirming its impressive track record.¹¹ Publishing in the leading Australian medical journal may be more likely to influence local policy or practice than publishing elsewhere, even in an overseas journal with a higher impact factor. In any case, the impact metrics for the *MJA* (including the 2021 Clarivate Journal Impact Factor of 12.8; Box 2) are robust and continue to rise.¹¹

The big questions in health

We're not out of the woods with COVID-19: while we've had more than enough of the pandemic, it hasn't yet had enough of us.¹² By late October 2022, almost 10.5 million confirmed infections and 15000 deaths had been recorded in Australia, the vast majority during 2022.¹³ Added to this is the emerging burden of the post-COVID-19 condition ("long COVID") that will impair many lives and has implications for the health care system.¹⁴ As I write this piece and watch the northern winter approach, there is evidence that another wave may crash over us here. Nonetheless, public health interventions have been almost totally discontinued in Australia. The new SARS-CoV-2 variants may not trouble us as much as earlier strains, but optimal public health success relies on going early (and hard) with interventions for preventing a crisis; applying sensible, easy, low cost, and safe public health measures as the pandemic continues, including judicious use of masks, would still seem the best course.¹⁵ We need more than hope or prayers, and the *MJA* will continue to play a key role in informing and influencing public policy in this regard.

Australia faces many other serious health challenges, as has been highlighted in the pages of the Journal. These include avoiding low value and fragmented care, effectively responding to health inequities and the social determinants of health, adequate resourcing of prevention, providing universal dental care, reducing the rising out-of-pocket costs for patients, overcoming problems in general practice (including professional burnout) and aged care, mitigating the health implications of climate change, and containing the dangerous spread of health misinformation, to name a few.^{16–21} Given our resources, we should enjoy the best health care in the world. While we rank highly in terms of overall life expectancy compared with other countries, the failure to close the gap between Aboriginal and

Torres Strait Islander people and other Australians remains a dark stain.²²

A fundamental long term problem is that health system costs are rapidly rising in an unsustainable manner, and this situation will only get worse as more expensive new drugs and technologies become available. The costs and complexity of our health system are compounded by its federal structure, and I wonder why we have not even discussed this problem in recent times. A simple solution is possible, provided sufficient agreement could be reached: a referendum to shift responsibility for health to the federal level, enabling a single public health system to increase efficiency, reduce cost shifting, and promote better outcomes for patients. If, however, this is not seen as the preferred solution, the brain power available in the country is more than sufficient to develop a better alternative. The private health model also faces mounting problems and needs reforming. Not facing these challenges, or continuing to rely on patchwork approaches, is no solution.

A big thank you to our readers, subscribers, reviewers, and our Expert Advisory Group

As 2022 comes to an end, all of us at the *MJA* wish each of our readers, subscribers, and authors (and, yes, our critics!) a safe, happy, and healthy festive season. Further, I thank all the reviewers who have selflessly served the Journal and the field during 2022 (pp. 557–558). However you celebrate and whatever your beliefs, we hope the holiday season Down Under brings you and your families joy and peace. Thank you for your interest in and support of the *MJA* in 2022!

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