

# In this issue

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## STAY ON COURSE

For the first time, clinical paradoxical reactions during the treatment of *Mycobacterium ulcerans* are reported by O'Brien and colleagues (page 564). Appropriate antibiotic treatment led to an initial improvement but subsequent paradoxical clinical deterioration in two patients. Antibiotics facilitate a patient's immune reaction by reducing the production of an immune-inhibitory exotoxin and by liberating mycobacterial antigens. Rather than ceasing antibiotic therapy or changing the regimen, these authors advocate that therapy be continued and not changed, unless there is evidence of antibiotic failure on histopathological examination or culture.

## OXYGEN IS LIKE A DRUG

When it comes to home oxygen therapy in Australia, Serginson and colleagues have found considerable variability in prescription rates, types and costs of services across different Australian states and jurisdictions (page 549). In all, over 20000 patients are using it, at a cost of over \$30 million. In an accompanying editorial, McDonald and Crockett (page 526) say that, wherever it is used and whatever it is used for, oxygen therapy should be regarded as drug therapy, with regular follow-up and clinical review required after prescription and distribution. The authors of both articles call for a national register of home oxygen therapy to help us review its use and outcomes in a systematic way.

## PUSH AND PULL

In response to an imposed "4-hour rule" in the UK, to limit the amount of time any patient should spend in an A&E department, Acute Medical Assessment and Admissions Units have been developed to handle any medical patients whose anticipated hospital stay is more than 4 hours, say Walters and Dawson (page 561). As a result, patient flow through the system has been enhanced.

## AN ALIEN ENGAGEMENT?

Recently, the National Health and Hospitals Reform Commission's report drew attention to the importance of strengthened consumer engagement in health care — "giving people real control and choice and whether, how, where and when they use health services, supported by access to evidence-based information that facilitates informed choices". In an MJA Editorial, Nutbeam (page 525) says that for many individuals, our health care settings are unfamiliar environments in which an alien vocabulary and concepts are used. Also in this issue, Adams and colleagues (page 530) found that people with lower levels of education and income, older people, and those with chronic diseases were more likely to have poorer health literacy, but that even having a university degree doesn't guarantee health literacy. Nutbeam says health literacy is best developed through education that is customised to individuals and their specific priorities.

## ONE IN A HUNDRED

Hepatitis C virus (HCV) infection, a major cause of chronic liver disease, now occurs in about 1% of the Australian population, say Hellard and Wang (page 523). Thankfully, during the past 5 years, treatment options and outcomes have improved considerably. For example, a liver biopsy is no longer required for a patient to have access to treatment. Also in this issue, Liu and colleagues report that screening for HCV infection in pregnant women on methadone maintenance treatment is inadequate (page 535). They reinforce the recommendation of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists that all pregnant women, not just those at high risk, should be screened for HCV infection and, also, that infants of mothers positive for HCV RNA should be tested from as early as 6 weeks of age.

## MEET THE CHADx

CHADx (pronounced "chaddix") — the Classification of Hospital Acquired Diagnoses — can allow hospitals of any size to monitor patient safety using routinely collected data, say Jackson and colleagues (page 544).

Developed under the sponsorship of the Australian Commission on Safety and Quality in Health Care, CHADx provides a tiered structure of hospital-acquired diagnoses (complications), with 17 major groups useful for smaller hospitals and 144 detailed subclasses, more suitable for larger hospitals.

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## ANOTHER TIME ... ANOTHER PLACE

Prescription, *n.* A physician's guess at what will best prolong the situation with least harm to the patient.

Ambrose Bierce