

# In this issue

6 SEPTEMBER

## BEDS: WHO'S COUNTING WHAT?

How many hospital beds are there in Australia and are there enough? This question may seem simple, but McCarthy (page 252), Keegan (page 291), Jones (page 298) and Wilson and colleagues (page 302) all demonstrate that the matter is, in fact, not so simple. Interestingly, it turns out that hospital planners may have been delivering hospitals that are too small for our communities' needs.

## BORDER INSECURITY

Customs officials may have to worry about more than concealed drugs in travellers' bowels on their return to Australia, quips Senanayake (page 256). In a wrap-up of current infectious disease trends in Australia, he reports the concerning appearance of multiresistant gram-negative organisms such as *Escherichia coli* in returning travellers. Although colonisation with these organisms in the bowel is asymptomatic, problems arise when they cause symptomatic illness, typically in the urinary tract. Hypervirulent *Clostridium difficile* is another emerging threat. And, can you guess which organism gets the "award" for most highly notified infection in Australia in 2009? (It's not swine flu.)

## NEEDED: CHAMPIONS OF CARE

Is psychological distress in people living with cancer related to the fact of diagnosis, current treatment or level of disability? Banks and colleagues (page S62) answer this question using data from the large 45 and Up Study. Their article is one in a collection of nine research-based contributions related to psychological distress in patients with cancer (including a randomised controlled trial!), all published together in a supplement on "Anxiety, depression and cancer". In an introductory editorial to the supplement, Clarke (page S43) calls for champions to help move evidence-based and humane care beyond the trial phase to full implementation.

## WORKFORCE RESOURCE

International medical students need to be factored into Australian workforce planning generally, and in internship allocation in particular, say Hawthorne and Hamilton (page 262). They surveyed over 600 such students in 2006, finding that most respondents planned to undertake Australian internships and seek permanent-resident status. They say these students represent a major potential workforce resource for Australia, with minimal employment barriers compared with international medical graduates.

## DOUBLE TROUBLE

Opioid dependence is not the only risk patients face if they get hooked on codeine-ibuprofen analgesics. Frei and colleagues (page 294) report a case series of patients with this addiction; most had no previous history of substance use disorder. Gastrointestinal complications, including haematemesis and haemorrhage, related to the ingestion of supratherapeutic doses of ibuprofen (an average of 34–47 tablets per day) were noted, in addition to the dependence on opioids. Due to concerns about harm from misuse of these preparations, rescheduling on 1 May 2010 now requires that all over-the-counter codeine-ibuprofen products be supplied directly by a pharmacist.

## UNIDENTIFIED BRIGHT OBJECTS

One in five of a small number of active amphetamine users had an occult brain lesion detected on brain magnetic resonance imaging (MRI), report Fatovich and colleagues (page 266). They conducted a pilot study in patients presenting to an emergency department. The most common MRI abnormality seen was an unidentified bright object — UBO. Fatovich and colleagues say that the findings of their pilot study are congruent with evidence that amphetamines may cause brain injury.



## ALLERGIC TO EGGS?

Most patients with egg allergy can safely receive seasonal and pandemic H1N1 influenza vaccines if they contain no more than 1 µg/dose of egg ovalbumin, say Mullins, Kemp and Gold (page 254). This dose is substantially less than the estimated 130 µg thought likely to trigger reactions in patients with egg allergy if taken orally. The Australasian Society of Clinical Immunology and Allergy has developed guidelines for vaccinating such patients, subdividing them into three risk groups. It is acknowledged that these proposals for vaccination are at variance with current Australian immunisation guidelines.

## "IT DEPENDS"

If you apologise to a patient for making a mistake, can this disclosure be used against you in a medicolegal proceeding? Studdert and Richardson (page 273) begin to address this marked question that hangs over the policy push for open disclosure by reviewing two main bodies of relevant law — apology laws and qualified privilege. They end by making a strong case for law reform.

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## ANOTHER TIME ... ANOTHER PLACE

A modern hospital can provide a CT scan in twenty minutes. An enema may take two days.

John L McClenahan