

Highlights from this issue

21 FEBRUARY

THE EDITOR'S DILEMMA

Dr Annette Katelaris, general practitioner and medical editor, is the new Editor of the *Medical Journal of Australia*. Katelaris (*page 155*) plans to engage the entire profession — “the MJA is your forum” — in timely and lively informed debates and, to do so, will take greater advantage of electronic media. Katelaris will also find ways to grapple with the ongoing dilemma for editors of general medical journals: how to meet the different needs of researchers (who may need to know the intricate and necessarily complex details of studies) and readers in clinical practice or other fields (who may prefer a brief overview).

DO YOU SELF-REFER?

Many doctors self-refer for investigations or to specialists, despite the Australian Medical Council's code of conduct for Australian doctors, recently endorsed by the Medical Board of Australia — which expects all doctors to have their own general practitioner. In a Viewpoint, Breen (*page 191*) suggests one simple measure to encourage doctors to seek a GP's care: to deny Medicare rebates for doctors who self-refer. Although this measure wouldn't prohibit self-referral, it could provide a financial incentive for doctors to comply with the code of conduct. Breen discusses various threats and opportunities for doctors' health with the recent transition to national registration.

RAW FISH FOR THOUGHT

A mysterious case of severe “gastro” resolved when a worm was passed in a patient's faeces. The specimen is now in a museum. Shamsi and Butcher (*page 199*) report the full story of accidental infestation with an organism that can lead to illness, allergic reactions and even death.

RELIVING THE HOLOCAUST?

Australia has the largest per-capita Holocaust survivor population outside Israel. For survivors, a trip to hospital can trigger memories of fateful trips made to another kind of institution — the death camps of the 1940s. A simple shower can elicit the Holocaust memory of “showers” which released poison gas instead of water; hospital gowns can elicit the memory of camp uniforms and carry the fear that personal clothes will never be returned; and hospital identification bands and record numbers can remind survivors of their tattooed number. Paratz and Katz (*page 194*) explain why this kind of distress is more likely as Holocaust survivors age; they also tell us what actions we can take to help.



MOLIE IS MORE

With the rising tide of graduating doctors, the emergency medicine term is sometimes seen as a “bottleneck” for intern placements. So much so, that apparently some jurisdictions have reviewed the need for this term as a requirement for general registration. Brazil and colleagues (*page 165*) report an alternative approach to increase the throughput of interns. The More Learning for Interns in Emergency (MoLIE) project demonstrates that good educational outcomes and increased trainee numbers are not necessarily incompatible in a tertiary hospital's emergency department.

E-HEALTH REVOLUTION

Since 2004, the CSIRO Australian e-Health Research Centre, in partnership with clinicians, has been developing and piloting a range of new e-health technologies. A Supplement to this issue reports on some of these innovative projects, including smart methods for using medical data such as the Snapper toolkit that can improve primary data capture (*page 58*). There are also articles about progress in virtual reality simulators for surgical training (*page S38*) and cardiac rehabilitation via mobile phone (*page S15*), as well as a description of interactive image manipulation for surgical planning (*page S41*).

DETECTING DIABETES

Did you know that there could be just as many patients with undiagnosed as with diagnosed diabetes among hospitalised adults? In a research paper, Valentine and colleagues (*page 160*) screened for diabetes in all adults patients admitted to a tertiary hospital over a 3-month period. They assayed the patients' glycated haemoglobin levels, which are less affected by acute illness than plasma glucose levels. About 11% patients admitted during the study period had undiagnosed diabetes; about 12% had diagnosed diabetes. Although not currently recommended by Australian guidelines, glycated haemoglobin testing may be a cost-effective screening method for hospitalised patients.

Dr Ann Gregory, MJA

ANOTHER TIME ... ANOTHER PLACE

But however secure and well-regulated civilized life may become, bacteria, Protozoa, viruses, infected fleas, lice, ticks, mosquitoes, and bedbugs will always lurk in the shadows ready to pounce when neglect, poverty, famine, or war lets down the defenses.

Hans Zinsser, 1934