



Reuters/Bernadett Szabo

*Maverick, a border collie, lies in a magnetic resonance imaging (MRI) scanner in a neurology clinic in Budapest. Hungarian researchers conducted the first comparative dog and human brain study by developing dog training methods to make them lie motionless in MRI machines. The study was done to understand how dogs can be so remarkably good at tuning into the feelings of their human owners.*

## From the Australian Institute of Health and Welfare

### Medical workforce continues to grow but regional differences persist

A recent report by the Australian Institute of Health and Welfare (AIHW) shows the medical workforce in Australia is continuing to grow; however, supply is not consistent across the country.

The report, *Medical workforce 2012*, shows the number of medical practitioners employed in medicine rose by just over 16% from 68 455 to 79 653 between 2008 and 2012.

“Nationally, the supply of medical practitioners compared to the population rose by almost 9% between 2008 and 2012, from 344 to 374 full-time equivalent medical practitioners per 100 000 people”, said head of the AIHW’s Statistics and Communication Group, Teresa Dickinson.

Supply was generally greater in major cities than in remote and very remote areas.

“What’s interesting to note is that while the supply of GPs was highest in remote and very remote areas, at 134 full-time equivalents per 100 000 people, overall these areas still had the lowest supply of medical practitioners in total”, Ms Dickinson said.

The report includes information on the demographic and employment characteristics of medical practitioners.

It shows the medical workforce in Australia is predominantly male, but women are increasingly represented, with the proportion of female medical practitioners up from 35% to 38% between 2008 and 2012.

The average age of medical practitioners remains steady, at around 46 years. The average number of hours worked per week also remains steady.



Australian Government  
Australian Institute of  
Health and Welfare

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“In 2012, male medical practitioners worked an average of 45 hours per week, while female practitioners worked an average of 38 hours per week”, Ms Dickinson said.

“This is primarily due to a larger proportion of female medical practitioners working part-time.”

About 95% of employed medical practitioners (75 258) were working as clinicians, of whom 35% were specialists and 35% were general practitioners.

About two-thirds of medical practitioners who responded to the relevant question gained their initial medical qualification in Australia.

The full report is available at: <http://www.aihw.gov.au/publication-detail/?id=60129546100>. □

## News

## Missed doses associated with DVT formation

Missed doses of enoxaparin are associated with deep vein thrombosis (DVT) formation in trauma and general surgery patients, according to research published in *JAMA Surgery*. Of 202 patients admitted to a trauma centre in the US, the overall incidence of DVT was 15.8%. In total, 58.9% of patients missed at least one dose of enoxaparin. DVTs occurred in 23.5% of patients who missed at least one dose and in 4.8% of patients who did not. Analysis showed that interrupted enoxaparin therapy and age 50 years or older were the only independent risk factors for DVT formation. The authors wrote that missed doses were the only risk factor that could be “ameliorated by physicians”. A commentary in the same issue wrote that the research “should prompt continued review of mechanisms used to deliver care at the individual patient’s bedside”.

*JAMA Surg* 2014; 26 February (online). doi: 10.1001/jamasurg.2013.3963; doi: 10.1001/jamasurg.2013.4002

## Hygiene improved in Indian intervention



Images from the campaign

A simple handwashing intervention based on emotional drivers such as disgust improved hygiene in 14 Indian villages at follow-up 6 weeks, 6 months and 12 months after the intervention, according to research published in *Lancet Global Health*. The villages were randomly assigned to either intervention (community- and school-

based events incorporating an animated film, skits and public pledging ceremonies) or a control group that received a shortened version of the intervention just before the final follow-up. The primary outcome was the proportion of handwashing with soap after defecation, after cleaning a child’s bottom, before food preparation and before eating. At baseline, handwashing with soap was rare (1% in the intervention group and 2% in the control group). At 6 weeks it was 19% v 4%; at 6 months it was 37% v 6%; and at 12 months (after the control group received the shortened intervention) it was 29% v 29%. An editorial in the same issue said it was unclear if the change resulted from emotional drivers or whether the intervention team had created a favourable context for the formation of new habits.

*Lancet Glob Health* 2014; 24 February (online)

doi: 10.1016/S2214-109X(13)70160-8; doi: 10.1016/S2214-109X(14)70030-0

## Fever needs more than antimalarials

Treatment of febrile children in African areas where malaria rates have decreased because of eradication programs is challenging, according to research in the *New England Journal of Medicine*. The study involved 1005 children aged under 10 years, with a temperature  $\geq 38^{\circ}\text{C}$  at two Tanzanian clinics. The majority (62.2%) had acute respiratory infection. A bacterial, viral or parasitic infection other than malaria or typhoid fever was found in 13.3%; malaria was found in 10.5%, and 70.5% had viral disease. The authors wrote: “The suggestion that sending such children home without antimalarial or antibiotic treatment is reasonable in the absence of severe clinical signs”. However, an accompanying editorial said: “Experience suggests changing current practice will not be a straightforward process”.

*N Engl J Med* 2014; 27 February (online)

doi: 10.1056/NEJMoal214482; doi: 10.1056/NEJMe1316036

Cate Swannell

doi: 10.5694/mja14.n0317



Do you support making organ donations automatic, with a “no reason” opt-out system?

Yes  Depends  No

Email us a brief comment (**no more than 100 words**) on the above question, or any health-related subject. *Email your comments to:* [comments@mja.com.au](mailto:comments@mja.com.au)

*Previous issue's suggested topic:*

[Do you support the proposed Medicare copayment?](#)

**No:** I believe the government needs to review the other factors to regulate the cost, such as the real fees the patient pays, for example a standard consultation being \$70, which is \$34 above the bulk-billed fee. If the excess could be properly recovered in taxes, I believe there would be no need to penalise the patient.

Dr Harry F Haber

General Practitioner (retired), NSW

### Antibiotics

When I graduated in 1963, we were warned of the incorrect use of antibiotics and resultant drug-resistant bacteria. Nothing’s changed, except we’re in a worse situation, due to inappropriate or excessive prescribing. Wake up doctors; it’s largely our fault!

Dr William Darvall

General Practitioner (retired), VIC

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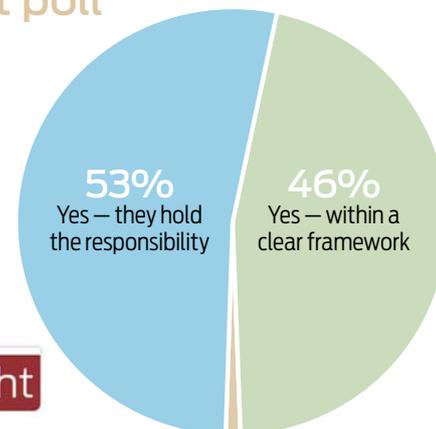
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Please include your full name, discipline and state of residence, and disclose any relevant information or affiliations that may affect interpretation of your comments.

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## MJA InSight poll

Is it up to doctors to reduce the number of unnecessary medical tests and treatments?



MJA InSight

Take part in next week’s poll on [www.mja.com.au/insight](http://www.mja.com.au/insight)

1% No – not a doctor’s role