



Sonia Matanga, 11, who was born HIV-positive, attends a self-help group meeting with caregiver Davison Mungoni in the village of Michelo, in the south of Zambia. The caregivers in the Jesuit-run, home-based care project at the Chikuni Mission run a capacity-building and empowerment project at the household level, offering training and assistance in crop growing and animal rearing, as well as offering companionship and pastoral care and monitoring antiretroviral treatment compliance of HIV/AIDS patients.

Picture: Darrin Zammit Lupi/Reuters/Picture Media.

From the Editors

Changes to the format of the MJA

Here at the *MJA*, our centenary celebrations of 2014 are over and we are turning to what lies ahead.

By now you will have noticed that recent issues of the *MJA* have incorporated changes to the design that are intended to make it modern and easier to read. We are making these changes to the format of the Journal in response to surveys of readers and observation of international best practice in medical journal publication.

Among the changes we have already introduced are the addition of colour-coded article types and page numbers, removal of the reference lists from the print edition (these are published online), and an increase in visual impact through greater use of images.

Further changes are also in the works. From July this year, the *MJA* proposes to publish all research articles fully online, with a summary page published in print. The purpose of the one-page summary is to convey the main points of the research to readers in an engaging way. Summaries will be requested from contributors whose manuscripts proceed past the initial review stage. Further details on the requirements of research summary pages are available in our instructions to authors: <https://www.mja.com.au/journal/mja-instructions-authors-types-articles-published-mja#Research>.

We also propose to make several small changes to our editorial format for articles other than original research. These changes are intended to make access to the contents of the Journal easier both in print and online.

We will keep you informed of these proposals and hope that you will let us know how well they serve your needs as a reader and contributor.

MJA

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Hot saunas reduce sudden cardiac arrest risk

The *Wall Street Journal* reports that a new study in *JAMA Internal Medicine* shows that hot saunas can be good for the heart. The risk of dying from sudden cardiac arrest, heart disease and cardiovascular disease was up to 63% lower in middle-aged men who took as many as seven saunas a week compared with once-a-week bathers, the WSJ reports. "Sauna bathing for 20 minutes or longer was also associated with a reduced risk of dying." The research, from Finland, involved saunas reaching temperatures of, on average, 174°F (78.9°C) and did not include women or the use of steam rooms, hot tubs or saunas that don't allow pouring water on the rocks.

Alzheimer protein found in young brains

New research from Northwestern University's School of Medicine has found that a faulty protein called amyloid — thought to be characteristic of Alzheimer disease — can begin to accumulate in the brains of people as young as 20 years, *Medical News Today* reports. The researchers examined a specific group of brain cells known as basal forebrain cholinergic neurones, which are "closely involved in memory and attention and are among the first to die in normal aging and in Alzheimer's disease". They found that amyloid protein began accumulating in these vulnerable neurones in young adulthood and continued throughout the lifespan. Clusters were small in younger, healthy adults and larger in older people and those with Alzheimer's. "The small clumps of amyloid may be a key ... The lifelong accumulation of amyloid in these neurons likely contributes to the vulnerability of these cells to pathology in aging and loss in Alzheimer's."

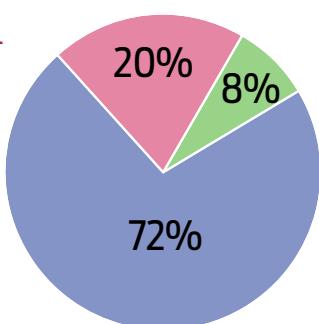
\$2b suggested as prize for new antibiotics

An American oncologist has proposed a US\$2 billion prize to the first five companies or academic centres that develop and get regulatory approval for a new class of antibiotics, the *New York Times* reports. Dr Ezekiel Emanuel, from the University of Pennsylvania, said profitability was the biggest hurdle to the development of new antibiotics and that a \$2 billion prize would provide a 100% return even before sales, thus providing an incentive to research. "From the government perspective, such a prize would be highly efficient: no payment for research that fizzles", Dr Emanuel was quoted as saying. "Researchers win only with an approved product. Even if they generated just one new antibiotic class per year, the \$2-billion-per-year payment would be a reasonable investment for a problem [antibiotic resistance] that costs the [US] health care system \$20 billion per year."

MJA InSight Poll

Is concern about mandatory reporting of impaired medical practitioners stopping distressed doctors from seeking help?

Total respondents: 112



Take part in next week's poll on: www.mja.com.au/indepth

Top 5 MJA articles online

1) Editorial: From dismal prognosis to rising star: melanoma leads the way with new generation cancer therapies

The pressing matters now are maximising outcomes, recruiting to clinical trials and being able to afford these drugs
doi: 10.5694/mja14.01718

2) Perspective: Deaths from childhood asthma, 2004–2013: what lessons can we learn?

doi: 10.5694/mja14.01645

3) Perspective: Knowing when to stop antibiotic therapy
doi: 10.5694/mja14.01201

4) Editor-in-Chief: The serious challenge of medical research

doi: 10.5694/mja15.c0216

5) Research: Improving access and equity in reducing cardiovascular risk: the Queensland Health model
doi: 10.5694/mja14.00575

Meanwhile, in MJA InSight ...

1) *"If we lose people as a result of funding uncertainty that's a tragedy"*

Mental health exodus fears

<https://www.mja.com.au/inight/2015/7/mental-health-exodus-fears>

2) *"The more high-quality information we have about HRT, the easier it is for women and health care providers to make informed decisions about what they take"*

Make menopause "normal"

<https://www.mja.com.au/inight/2015/6/make-menopause-normal>

3) *"Doctors are more likely to act on the recommendation if they feel that it genuinely came from a wide number of their peers"*

Choosing Wisely launches soon

<https://www.mja.com.au/inight/2015/7/choosing-wisely-launches-soon>

Sword swallowing and modern medicine

The recent World Sword Swallower's Day (28 February) was a chance to highlight what the ancient art of passing a sharp blade past the oesophageal sphincter has done for modern medicine, reports *TIME* magazine. In 1868, after experiencing frustration at not being able to see far enough into the oesophagus of a patient with a tumour, German doctor Adolph Kussmaul was able to see all the way into the stomach of a sword swallower who swallowed a 47 cm tube. Kussmaul used a laryngeal mirror and gasoline lamp as his light source. In 1906, the first electrocardiogram used a sword swallower as a test subject, when an electrode was passed into the sword swallower's oesophagus to record his heart activity. "The nineteenth and twentieth century medical contributions of sword swallowers are a fortuitous byproduct of the practice, which dates back to 2000 BCE."



Cate Swannell doi: 10.5694/mja15.n0316

MJA Comments

The best *Comment* each month will receive \$50.00
Email a 100-word comment on any health-related topic to: comments@mja.com.au

Send us your thoughts on this issue's suggested topic:

What are the most important steps a general practitioner can take to reduce the risk of suicide among patients?



The copayment

So the general practice copayment is gone, but it must be said not through any triumph of evidence. No, this was politics pure and simple, with sustained resistance from profession, community and Senate. But now that we are back where we started, what can be done about the problems which prompted its creation?

The government's oft-stated claim that Medicare is unsustainable is itself difficult to sustain in light of stable per capita general practice costs over several years. The commitment to a price or value signal sounds reasonable, but the international evidence is clear: price signals reduce access and compliance for those most disadvantaged in health and socioeconomic terms. Late in the argument, the issue of "six-minute" or "turnstile" medicine came to the fore — and while this is undeniably a major concern in relation to both costs and quality, a copayment is unlikely to impact on the practitioners of six-minute medicine, particularly corporations able to rapidly adjust their business model to compensate.

General practice financing has long been in need of review, with considered, consultative, evidence-based revision resulting, such that waste is reduced, equity enhanced and clear recognition and reward for quality care achieved. It's not much to ask.

Dianne O'Halloran
Conjoint Professor, NSW

Applying for NHMRC project grants = insanity

It is that time of year again when a large number of individuals submit applications for research project funding through the NHMRC. It is a painful process for most applicants, but particularly for those who submit applications year after year without success. Just the other day I was in my colleague's office and saw a sign on his wall stating the quote commonly attributed to Albert Einstein, "Insanity — doing the same thing over and over again and expecting different results".

Instantly, it made me think of what happens when the majority of individuals apply for NHMRC funding repeatedly without success. I don't think that I'm insane, but perhaps Einstein had a point! Aren't there better funding models available to the NHMRC? I realise there are limited funds, but shouldn't the government substantially increase research funding?

At this time of the year I certainly have a feeling of insanity, combined with frustration, stress and general irritability. Anyone else feeling insane?

Insanity
— doing the same thing over and over again and expecting different results

Guy Eslick
Associate Professor, NSW

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