



## Duplicate publication

Questions have been asked recently about duplicate publication at the *MJA*. The short answer is that the Journal does not publish material for a second time. If you, as a prospective author, have a query about this, please consult with editorial staff before you publish any part of a paper in another format.

The Journal recently considered whether or not to publish a paper that had already been partly published on a university website. Editorial staff decided against this publication for two reasons. The first problem is copyright. The Journal requires full ownership of material that it publishes; full ownership would be compromised by prior publication on the website of a third party. The second problem is ethical: the Journal avoids publishing material that is not original. No form of plagiarism is acceptable; this includes self-plagiarism, where authors reuse text from one publication in another.

The International Council of Medical Journal Editors makes clear recommendations regarding duplicate submissions and publications in peer-reviewed journals (<http://www.icmje.org/recommendations>). A major problem with simultaneous submission of manuscripts to two or more journals is that this practice undermines the system of peer review.

The Committee on Publication Ethics has proposed some acceptable forms of secondary publication (<http://publicationethics.org/resources/guidelines>). The *MJA* may consider this possibility in exceptional circumstances. If you believe that secondary publication might be justified, please seek advice early.

**Charles Guest**  
MPH, PhD, FAFPHM

Interim Editor, *Medical Journal of Australia*

[cguest@mja.com.au](mailto:cguest@mja.com.au)

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*A wounded Afghan boy, who survived a US air strike on a Médecins Sans Frontières (MSF) hospital in Kunduz, receives treatment at the Emergency Hospital in Kabul, Afghanistan. The attack killed 10 patients, including three children, and also 12 MSF staff. Foreign aid workers and Afghan colleagues shaken by the tragedy in Kunduz, one of the worst incidents of its kind in the 14-year war, say increased violence around the country makes it harder to provide basic services in a country where NGOs help provide the vast majority of health care.*

Picture: Mohammad Ismail/Reuters/Picture Media

From NPS MedicineWise

## Antibiotic resistance changing management of urinary tract infections in aged care



In the lead up to the global Antibiotic Awareness Week (16–22 November), it is timely to focus on the fact that bacterial infections that were once easily cured with antibiotics, such as those affecting the urinary tract, are becoming harder to treat.

Urinary tract infections (UTIs) are common in adults, and are prevalent in both hospital and community settings.

*Escherichia coli* bacteria — responsible for 80%–90% of uncomplicated UTIs — can display multidrug resistance.

UTIs can result in significant symptoms. When these are present, antibiotic treatment is typically indicated. However, for many people, including those in residential aged care facilities, asymptomatic bacteriuria has not been shown to be harmful. For this reason, routine testing for, or treatment of, asymptomatic UTIs in residential aged care facilities is not beneficial, except in catheterised patients at risk of complications, such as those with neutropenia.

Promoting the appropriate use of antibiotics for UTIs is an important consideration for residents in aged care facilities as excessive use — in the context of asymptomatic bacteriuria — may be contributing to the high prevalence of multidrug-resistant *E. coli* seen in this group.

In 2012, NPS MedicineWise began a 5-year campaign to reduce antibiotic prescribing in Australia, to bring it in line with the OECD (Organisation for Economic Co-operation and Development) average. The campaign encourages all Australians to use antibiotics responsibly. For health professionals, this means the judicious use and prescribing of antibiotics, and adherence to the principles of antimicrobial stewardship.

Health professionals can consolidate their knowledge on treating UTIs and minimising antibiotic resistance, and brush up on current guidelines and practices at [www.nps.org.au/utis](http://www.nps.org.au/utis).

Lynn M Weekes

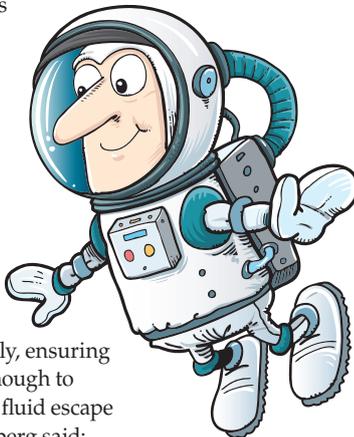
NPS MedicineWise, Sydney, NSW

[lweekes@nps.org.au](mailto:lweekes@nps.org.au)

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## Testing zero-gravity genomics in “vomit comet”

*Nature* reports that geneticists from Johns Hopkins University have successfully performed genetics experiments onboard NASA’s reduced-gravity aircraft — known as the “vomit comet” — to see whether astronauts will be able to sequence their own DNA during future long-term spaceflights. “The researchers tested two key tools in zero-gravity: one might aid long-term storage of genetic material; another is a small, transportable genetic sequencer”, known as a MinION. They also tried three pipetting methods on their flights — best results came when they used a small plunger inside the pipette, which touches the sample directly, ensuring that no air gets in. “And the pipette’s tip is small enough to avoid ruining the surface tension, which would let fluid escape up the tube.” One of the researchers, Andrew Feinberg said: “I really have to give NASA huge credit in allowing us to do this”, he says. “They’re very curious people. They really want to know.”



## Taking off protective clothing spreads germs

A new study in *JAMA Internal Medicine* shows 46% of carefully removed protective clothing still showed contamination with a fluorescent lotion used to simulate germs or other dangerous matter, *The Washington Post* reports. “Researchers set up a simulation that involved asking doctors, nurses and other health-care personnel at four hospitals to put on their standard gowns, gloves and masks and smear themselves with [the lotion]. After the participants carefully removed the protective equipment as they usually would the researchers searched their bodies with a black light to see whether any lotion was transferred. Both participants and researchers were surprised to find contamination in a high number — 46% — of the 435 simulations.” The researchers recommended that “educational interventions that include practice with immediate visual feedback on skin and clothing contamination can significantly reduce the risk of contamination”.

## Mexico’s soda tax produces drop in sales

Two years after it was passed into law, Mexico’s so-called “soda tax” is showing solid signs of reducing sales of sweetened drinks, reports *The New York Times*.

“Preliminary data from the Mexican government and public health researchers in the United States finds that the tax prompted a substantial increase in prices and a resulting drop in the sales of drinks sweetened with sugar, particularly among the country’s poorest consumers. The long-term effects of the policy remain uncertain, but the tax is being heralded by advocates, who say it could translate [to other countries] ... It cost bottlers a peso for every litre of sugar-sweetened drinks, which amounts to about a 10% price increase, a substantial jump. Because it was applied to distributors, any resulting increase would show up on list prices.”

## Patient tweets give insights into hospital experiences

A study published in *The BMJ* collected more than 400 000 public tweets directed at the Twitter handles of nearly 2400 hospitals in the US between 2012 and 2013, **FierceHealthcare** reports. “They then tagged 34735 patient experience tweets directed at 1726 hospital-owned Twitter accounts, and broke them down by sentiment (positive, neutral, negative) and then put them into topical categories, such as time, communication and pain.” Lead researcher Jared Hawkins from Boston Children’s Hospital said: “We were able to capture what people were happy or mad about, in an unsolicited way. No-one else is looking at patient experience this way because surveys ask very targeted questions. Unsurprisingly, you get back very targeted, narrow answers.” The data are “suggestive and highlight Twitter’s possible use as a way to supplement ... surveys to improve quality.”



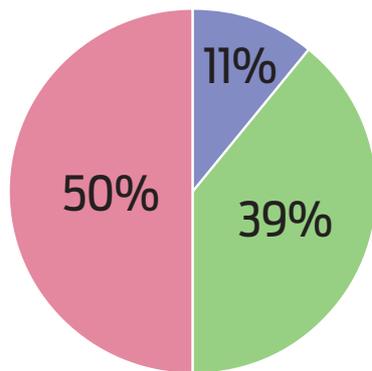
Cate Swannell doi: 10.5694/mja15.n1102

## MJA InSight Poll

Do you think a revalidation scheme for Australian doctors will help to identify poorly performing doctors?

Total respondents: 103

- Yes – it will make a difference
- Maybe – it's not clear how it works
- No – evidence is lacking



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

## MJA Podcasts

## Dr Alessandro Demaio



Dr Alessandro Demaio is the cofounder of the global social movement, NCDFree. He has spent the past 2 years travelling the world spreading the message that non-communicable diseases are not diseases of laziness, but diseases of inequity. He has just been appointed to the World Health Organization in Geneva, to continue his work on global non-communicable diseases and nutrition.

## Professor Jane Speight



Professor Jane Speight is Foundation Director of the Australian Centre for Behavioural Research in Diabetes, Diabetes Victoria. She is the lead author of a Perspective in this issue on the monitoring of type 2 diabetes. She discusses the value of the self-monitoring of blood glucose levels in people with non-insulin-treated type 2 diabetes.

Podcasts are available at [www.mja.com.au/multimedia/podcasts](http://www.mja.com.au/multimedia/podcasts) and from iTunes. Also available as videos at [www.mja.com.au/multimedia](http://www.mja.com.au/multimedia)

## Top 5 MJA articles online

since 29 September 2015

- 1) **Research:** [Trends and characteristics of accidental and intentional codeine overdose deaths in Australia](#)  
Codeine-related deaths are increasing as the consumption of codeine-based products increases  
doi: 10.5694/mja15.00183
- 2) **Perspective:** Medical cannabis: time for clear thinking  
doi: 10.5694/mja14.01573
- 3) **Case report/Notable case:** Catecholamine-induced cardiomyopathy resulting from life-threatening funnel-web spider envenoming  
doi: 10.5694/mja15.00279
- 4) **Clinical focus:** Recent advances in type 1 diabetes  
doi: 10.5694/mja14.01691
- 5) **For debate:** Unconventional natural gas development and human health: thoughts from the United States  
doi: 10.5694/mja15.00231

## Meanwhile, in MJA InSight ...

## Smoking prisoners need support

*"We have to look at the social situation people return to after they leave prison, including their housing situation and whether there are other smokers in the home"* — Associate Professor Sophia Couzos, public health physician and GP based at the School of Medicine and Dentistry at James Cook University

<https://www.mja.com.au/insight/2015/39/smoking-prisoners-need-support>

## Laparoscopic caution urged

*"But, at the end of the day, we didn't show laparoscopic surgery to be non-inferior to open surgery"* — Dr Andrew Stevenson, chief investigator for the Australian Laparoscopic Cancer Rectum Trial (ALaCaRT)

<https://www.mja.com.au/insight/2015/39/laparoscopic-caution-urged>

## Consent laws thwart research

*"What we need is a consistent approach, [through] a review of the whole process of governance and consent. We need to have a national process"* — Professor Bala Venkatesh, principal investigator for the ADRENAL trial into the use of hydrocortisone in critically ill patients with septic shock

<https://www.mja.com.au/insight/2015/39/consent-laws-thwart-research>