



Advanced Search Browse Ulrich's Alert Ulrich's Update Serials Analysis System

Quick Search Title (Keyword) Go

Medical Journal of Australia

[BACK TO RESULTS](#)

SEARCH MY LIBRARY'S CATALOG: [ISSN Search](#) | [Title Search](#)

[Click for Open Access](#)



Click highlighted text for a new search on that item.

Table of Contents: [Click here to view](#)

ISSN: 0025-729X

Title: Medical Journal of Australia [Additional Title Information](#)

Publishing Body: Australasian Medical Publishing Company Pty. Ltd.

Country: Australia

Status: Active

Start Year: 1914

Frequency: Semi-monthly (23/yr.)

Document Type: Journal; Academic/Scholarly

Refereed: Yes

Abstracted/Indexed: Yes

Media: Print

Alternate Edition ISSN: [1326-5377](#)

Language: Text in English

Price: AUD 368.50 subscription per year domestic to individuals
AUD 474 subscription per year foreign to individuals
AUD 420 subscription per year domestic to institutions
AUD 530 subscription per year foreign to institutions
AUD 60 subscription per year domestic to students (effective 2008)

Subject: [MEDICAL SCIENCES](#)

Dewey #: 610

LC#: R99

CODEN: MJAUAJ

Circulation: 28500 unspecified, Audited by: Circulations Audit Board

Special Features: Includes Advertising, Abstracts, Bibliographies, Illustrations, Book Reviews

Article Index: S-a. index

Editor(s): Martin Van Der Weyden

E-Mail: medjaust@ampco.com.au

URL: <http://www.mja.com.au>

Description: Covers medical practice and clinical research papers, editorials, original research papers and case reports.

ADDITIONAL TITLE INFORMATION

Alternate Title: Medline Abbreviated title: Med J Aust; Variant title: M J A

Title History: Formed by the merger of (1881-1914): Australasian Medical Gazette (Australia) (0314-5158); (1910-1914): Australian Medical Journal (Australia) (0314-514X); Which was formerly (until 1909): Intercolonial Medical Journal of Australasia (Australia) (1033-3487); Which was formed by the merger of (1895-1896): Intercolonial Quarterly Journal of Medicine and Surgery (Australia) (0816-1941); (1856-1895): The Australian Medical Journal (Australia) (1033-1387)

[Back to Top](#)



EDITORIALS

- 244 From medical school to medical practice: a national tracking system to underpin planning for a sustainable medical workforce in Australasia
John S Humphreys, David Prideaux, Justin J Beilby, Nicholas J Glasgow
- 246 Child protection and the health professional: mandatory responding is our duty
Peter M Winterton
- 247 Translational research and rational therapy: structural barriers in Australia
Richard M Fox

RESEARCH

- 249 An expert-supported monitoring system for patients with chronic obstructive pulmonary disease in general practice: results of a cluster randomised controlled trial
Lisette van den Bernt, Tjard R J Schermer, Ivo J M Smeele, Leandra J M Boonman-de Winter, Ton van Boxem, Joke Denis, Joke G Grootens-Stekelenburg, Richard P T M Grol, Chris van Weel
- 255 Is uptake of genetic testing for colorectal cancer influenced by knowledge of insurance implications?
Louise A Keogh, Christine M van Vliet, David M Studdert, Judith A Maskiell, Finlay A Macrae, D James St John, Clara L Gaff, Mary Anne Young, Melissa C Southey, Graham G Giles, Doreen A Rosenthal, John L Hopper, Mark A Jenkins

- 259 Adequacy of consent documentation in a specialty surgical unit: time for community debate?
Mark T Siddins, Elizabeth M Klinken, Lee R Vocale

SYSTEMATIC REVIEW

- 263 Is reflexology an effective intervention?
A systematic review of randomised controlled trials
Edzard Ernst

PANDEMIC (H1N1) 2009

- 267 The community's attitude towards swine flu and pandemic influenza
Holly Seale, Mary-Louise McLaws, Anita E Heywood, Kirsten F Ward, Chris P Lowbridge, Debbie Van, Jan Galton, C Raina MacIntyre

HEALTH CARE REFORM

- 270 Why health reform?
Steven J Lewis, Stephen R Leeder

VIEWPOINT

- 273 Winds of change: growing demands for transparency in the relationship between doctors and the pharmaceutical industry
Philip B Mitchell

FOR DEBATE

- 276 A national approach to perinatal mental health in Australia: exercising caution in the roll-out of a public health initiative
Jane S Yelland, Georgina A Sutherland, Jan L Wiebe, Stephanie J Brown

RESEARCH ENTERPRISE

- 280 A case study evaluation of ethics review systems for multicentre clinical trials
Sian C Hicks, Rebecca E James, Nicole Wong, Niall C Tebbutt, Kate Wilson, on behalf of the Australasian Gastro-Intestinal Trials Group

DIAGNOSTIC DILEMMAS

- 284 Acute psychiatric illness in a young woman: an unusual form of encephalitis
Kaitlyn L Parratt, Martin Allan, Simon J G Lewis, Josep Dalmau, Gabor M Halmagyi, Judith M Spies

- 288 LETTERS (contents overleaf)

CONFRONTING CONFLICT OF INTEREST

Recently, a French medical organisation initiated legal action against nine doctors for failing to disclose their relationships with drug and other medical industries. At the same time, federal legislators in the United States are moving to enforce mandatory disclosure of industry gifts and payments to doctors on a public website. Indeed, Senator Chuck Grassley of the Senate Committee on Finance is in open conflict with US medical schools over their non-disclosure of drug-firm gifts and payments to faculty members, and is threatening to withhold federal funds. Such developments are testament to an accelerating campaign to confront conflict of interest.

Earlier this year, the US Institute of Medicine (IOM) released a comprehensive report on conflict of interest, covering medical research, education and practice, as well as individual and institutional circumstances. The report advanced wide-ranging recommendations for the handling of conflict of interest in order to "protect the integrity of professional judgment and to preserve public trust". Closer to home, the National Health and Medical Research Council (NHMRC) is currently reviewing its policy on conflict of interest.

It is perhaps surprising that a profession which prides itself on ethical performance should continue to be plagued by lack of transparency in this one area.



But history repeatedly attests to the lure of financial advantage. The IOM has thus recommended that Congress enact legislation requiring companies and their foundations to publicly report payments and gifts made to both individuals and institutions, whether they be physicians or non-physicians prescribing drugs or using medical devices, biomedical researchers, professional societies, continuing medical education providers, or specific patient advocacy groups.

Sadly, our approach to conflict of interest is hopelessly fragmented. The time has come for rhetoric to give way to binding recommendations based on the US model. To make this happen, we need committed leadership and a national organisation with clout.



Martin B Van Der Weyden

LETTERS

-  **Australia's influenza containment plan and the swine flu epidemic in Victoria**
- 288 Michael G Catton, Julian D Druce, Chris J Birch
-  **A pandemic problem with public transport**
- 288 Benjamin C Cowie
- First clinical case of a locally acquired carbapenem-resistant VIM-1 metallo- β -lactamase in *Pseudomonas aeruginosa* in Australia**
- 289 John Merlino, Harold W Stokes, Elaine Y-L Cheong, Thomas Gottlieb
- Melioidosis in south-eastern Queensland**
- 290 Roger W Guard, Peter J Morero, Win Yi, Maureen J Mackay
- Severe Queensland tick typhus complicated by diabetes in south-eastern Queensland**
- 290 Theo F Birch, Michael Muller
- Glycaemic control in patients with type 1 diabetes after provision of public hospital-funded insulin pumps**
- 291 Ken Y Thong, P Gerry Fegan, Bu B Yeap
- Access block: it's all about available beds**
- 292 Charles P Denaro
- Interventions to circumvent intensive care access block: a retrospective 2-year study across metropolitan Melbourne**
- 292 Helen E Stark, Chris N Maxwell, Robert W Gibberd
- Access block can be managed**
- 292 Antony Nocera
- Should the Pharmaceutical Benefits Advisory Committee extend the range of free nicotine replacement therapies available for Aboriginal and Torres Strait Islander people?**
- 293 Jan A Robertson, David J MacLaren, Alan R Clough
- Poor outcomes among gastrostomy-fed patients in the community**
- 294 William H Watt, Kate A Needham, Peter L Talbot, Janet P Bell, Glen J Pang
- Anxiety and depression among long-term survivors of cancer in Australia: results of a population-based survey**
- 294 Jeremy W Couper, Anthony W Love, Annabel C Pollard, Sidney Bloch
- 295 Allison W Boyes, Afaf Girgis, Alison C Zucca, Christophe Lecathelinais
- Bicycling injuries and mortality in Victoria, 2001–2006**
- 295 Malcolm J Wardlaw
- 296 Antonina A Mikocka-Walus, Francis T McDermott, Peter A Cameron

SNAPSHOT

- 275 **Three synchronous tumours identified by FDG-PET/CT**
- Paul M Leong, Michael Lin, Allan R Fowler

CORRECTIONS

- 296 **Retirement intentions of general practitioners aged 45–65 years**
(*Med J Aust* 2009; 191: 75–77)
- 296 **Improving general practice consultations for older people with asthma: a cluster randomised control trial**
(*Med J Aust* 2009; 191: 113–117)
- 296 **Evolution of a house: Darwin's link to Pambula**
(*Med J Aust* 2009; 191: 192)

242 IN THIS ISSUE

287 IN OTHER JOURNALS



MJA Rapid Online Publication: denotes an article fast tracked for online publication.

seasonal influenza of 5%–10%,⁵ the likelihood of contracting infection while crammed into under-resourced train networks is significant. In the context of an influenza pandemic, with higher attack rates, the risk is even greater.

Substantial community resources have appropriately been invested in pandemic planning and mitigation strategies. Perhaps we should devote some of these resources to public transport services to reduce overcrowding. Our national pandemic plan advises that

A very simple way of reducing the chances of being infected or passing on infection is to stand or sit back from other people in public or in the workplace. Where possible, you should try to maintain a distance of at least a metre, which is about a large step.⁴

Such advice is impossible to follow on peak-period train services, certainly in Melbourne.

Investment in train services to reduce the spread of infections would not only help delay the onset of the next influenza pandemic, but would also reduce seasonal influenza and other respiratory virus transmission. Furthermore, it could avert injuries and illness due to crushing and overheating/dehydration, and could conceivably reduce the road toll by taking cars off roads during peak hours. Few pandemic influenza planning investments could deliver such diverse public health dividends while we ride out the latest influenza pandemic and await the inevitable next one.

Benjamin C Cowie, Infectious Diseases Physician,¹ and Medical Epidemiologist²
Victorian Infectious Diseases Service, Royal Melbourne Hospital, Melbourne, VIC.
Victorian Infectious Diseases Reference Laboratory, Melbourne, VIC.
benjamin.cowie@mh.org.au

Lucas C. Rail overcrowding could be deadly, Kosky warned. *The Age* (Melbourne) 2009; 16 Jan. <http://www.theage.com.au/national/rail-overcrowding-could-be-deadly-kosky-warned-20090115-7i6w.html> (accessed Jul 2009).

Chin J, editor. Control of communicable diseases manual. 17th ed. Washington, DC: American Public Health Association, 2000.

Victorian Department of Human Services. Victorian health management plan for pandemic influenza. Melbourne: DHS, 2007. http://www.health.vic.gov.au/ideas/regulations/vic_influenza (accessed Jul 2009).

Australian Government Department of Health and Ageing. Australian health management plan for pandemic influenza. Section B4. Canberra: DoHA, 2008: 64. <http://www.flupandemic.gov.au/internet/janflu/publishing.nsf/Content/ahmppi> (accessed Jul 2009).

5 Australian Technical Advisory Group on Immunisation and Australian Government Department of Health and Ageing. The Australian immunisation handbook. 9th ed. Canberra: Australian Government, 2008. <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home> (accessed Jul 2009).

 Published online 24 July 2009.

First clinical case of a locally acquired carbapenem-resistant VIM-1 metallo- β -lactamase in *Pseudomonas aeruginosa* in Australia

John Merlino, Harold W Stokes, Elaine Y-L Cheong and Thomas Gottlieb

TO THE EDITOR: Nosocomial infections caused by *Pseudomonas aeruginosa* often prove difficult to treat because of their resistance to multiple drugs. Carbapenems play a pivotal role in the management of severe multidrug-resistant gram-negative Enterobacteriaceae and *P. aeruginosa* infections. However, reports in Australia of carbapenem resistance due to production of a variety of carbapenemases, including metallo- β -lactamases (MBLs), have been increasing alarmingly.^{1,2} We wish to report the first clinical case of a VIM-1-producing MBL in Sydney. To our knowledge, this is the first reported locally acquired case of a *P. aeruginosa* strain producing acquired VIM-1 MBL in Australia.

The patient was an 81-year-old man with chronic rheumatoid arthritis, managed with prednisone. He had a prosthetic knee infection that was first diagnosed in 1997 and, because of multiple recurrences, had been managed with oral moxifloxacin since 2003. The patient had not travelled outside the Sydney area since before his knee surgery. He was hospitalised in November 2005, when he underwent repair of a colovesical fistula. Carbapenem-resistant *P. aeruginosa* was isolated repeatedly from both urine and sputum cultures from December 2005 until February 2008, when further testing was performed using newly available molecular real-time polymerase chain reaction (PCR) technology with VIM generic and specific primers and DNA sequencing. This testing detected a VIM-1 gene.

The *P. aeruginosa* isolates were routinely screened for antibiotic susceptibility. Multiresistance to numerous antibiotic classes was detected, with high minimum inhibitory concentrations for meropenem, gentamicin, ciprofloxacin, ceftazidime, cefepime, piperacillin–tazobactam, and

ticarcillin–clavulanic acid. The isolates were susceptible to polymyxin B and aztreonam, and had intermediate resistance to amikacin.

Multiresistant *P. aeruginosa* is a therapeutic challenge when managing patients with such infections.³ In the context of facilities such as large burns units or intensive care units, the presence of plasmid-transmissible carbapenem resistance within the gram-negative bacterial population has serious infection control implications. Until novel molecular real-time PCR methods became available, the underlying mechanism of carbapenem resistance in these organisms could not be adequately delineated. The increasing availability of such molecular technology and its routine application in the diagnostic laboratory will support appropriate antibiotic prescribing practices and enhance infection control measures in the hospital setting.

Identification of a plasmid-mediated carbapenem-resistant strain is a concern in our hospital and throughout Australia, as outbreaks of VIM-1 resistance have been reported in Europe and the United States.⁴ As demonstrated by our isolates, such strains have a broad spectrum of hydrolytic activity against amino-, carboxyl- and ureido-penicillins, cephalosporins, cephamycins and carbapenems, but not monobactams. Our isolate was susceptible only to polymyxin and aztreonam.

John Merlino, Senior Scientist¹
Harold W Stokes, Professor²
Elaine Y-L Cheong, Infectious Diseases Physician and Microbiologist¹
Thomas Gottlieb, Infectious Diseases Physician and Microbiologist¹

¹ Department of Microbiology and Infectious Diseases, Concord Hospital, Sydney, NSW.

² Institute for the Biotechnology of Infectious Diseases, Faculty of Science, University of Technology Sydney, Sydney, NSW.

jmerlino@med.usyd.edu.au

1 Peleg AY, Franklin C, Bell JM, Spelman DW. Dissemination of the metallo- β -lactamase gene *bla*_{IMP-4} among gram-negative pathogens in a clinical setting in Australia. *Clin Infect Dis* 2005; 41: 1549–1556.

2 Espedido BA, Thomas LC, Iredell JR. Metallo- β -lactamase or extended-spectrum β -lactamase: a wolf in sheep's clothing. *J Clin Microbiol* 2007; 45: 2034–2036.

3 Mesaros N, Nordmann P, Plésiat P, et al. *Pseudomonas aeruginosa*: resistance and therapeutic options at the turn of the new millennium. *Clin Microbiol Infect* 2007; 13: 560–578.

4 Walsh TR, Toleman MA, Poirel L, Nordmann P. Metallo- β -lactamases: the quiet before the storm? *Clin Microbiol Rev* 2005; 18: 306–325.