



A YEAR IN REVIEW

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EDITORIAL

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Abstract

The AMJ featured the work of students throughout 2009. Many global issues were tackled from the student perspective. Many papers reported the undue influence and adverse impact of commercial interests on health care. The AMJ also published investigator led projects with a more traditional clinical focus. Experts in design and or health reform framed the interests of many researchers who presented evidence for interventions promoting health and reducing the burden of illness. More generally integration of service providers, particularly in primary care and the development and testing of innovations to be deployed in primary care were important themes for the journal in 2009. Health care Innovation will continue as a major focus for the AMJ in 2010.

Key Words

2009, Publication, Review

We witnessed some historic events in 2009. America swore in its first African-American President and within a year of his inauguration Barack Obama was the recipient of the Nobel peace prize. Opposition party leader Morgan Tsvangirai was sworn in as prime minister of Zimbabwe's new power-sharing government. Thousands rejoiced in Rio de Janeiro's Copacabana beach as the Brazilian city was chosen to host the 2016 Olympic Games. On the other hand a dozen gunmen attacked Sri Lanka's cricket team on Tuesday (March 3) with rifles, grenades and rockets, wounding six players and a British coach while killing six Pakistanis in Lahore, Pakistan. Rescue teams struggled on Thursday (October 1) to reach scores of people trapped under debris as survivors pleaded for aid after a powerful quake hit the Indonesian city of Padang on Wednesday (September 30), killing thousands. And the most comprehensive modelling yet carried out on the likelihood of how much hotter the Earth's climate will get in this century shows that without rapid and massive action, the problem will be about twice as severe as previously estimated six years ago

goodbye to Michael Jackson, Patrick Swayze and Edward Kennedy amongst others. The global economy suffered its worst crisis since the great depression of the 1930's; billions of dollars were pumped in to rescue banks across the world. The prospects for improving health care looked bleak as many predicted drastic cuts in government budgets.

AMJ 2009

We published 79 items this year and accepted 91% of all submissions. On average papers were reviewed within 36 days and published within 31 days of review. By the end of the year the AMJ adopted a new style of formatting for published papers- we hope you like it. Readers are no longer required to register to access papers- we effectively became fully open-access. Nonetheless we now have six hundred and ninety two registered users, and averaged 1000 visits per week. In this editorial I will review a small selection of papers and presentations that appeared in the journal this year.

To set the scene in 2009 Khajuria and Fulva pointed out that every human being on the planet has the right to basic nutrition and health. Yet, the United Nations estimates that as many as 963 million people in the world are undernourished. A combination of economic and geographical factors conspires to deprive people of sustainable access to safe, nutritious, and palatable food. Consequently, a substantial and increasing proportion of the population is denied health and therefore cannot hope to live productive lives.¹ Similarly Goraya and Mungee concluded that the Asian Tsunami of 2004 is widely regarded as one of the most catastrophic events in recent times, and yet the death rate from causes related to poverty is equivalent to a tsunami occurring every 1.5 weeks.²

DIFFERENCES IN HEALTH CARE DELIVERY

International differences in the delivery of health care services were a theme for the AMJ in 2009. We began the year with a review of the ten facts on the global burden of disease.³ Submissions over the course of the year explored many related issues. We highlighted differences in approach across borders in our 'Comparative Health Series' and began with a multimedia presentation by Sue Bates on the approaches to cancer care in Canada and the



UK.⁴ We followed this with monthly reports in which practicing clinicians described how they support people with a variety of health conditions in their country ranging from diabetes to cancer, sexual health to dermatology. We continued the theme by featuring abstracts from the East Asian Medical Students Conference on HIV.⁵ In an award winning student paper Lee and colleagues proposed that people with HIV/AIDS in Korea still suffer from the prejudice and discrimination. They advocated for addressing the public's prejudices against AIDS patients and protecting the rights of people with HIV/AIDS in that country.

STUDENT ADVISORY BOARD

The AMJ was pleased to feature the work of students throughout 2009. Many global issues were tackled from the student perspective.⁶ Julia Rhodes and Scott Sargant set the scene early in the year with their editorial highlighting the journal's intention to air the 'student voice', to inform readers of the student perspective on research, and to connect with the student readership.⁷ In addition this year we began to advertise student scholarships to make readers aware of opportunities to develop their research careers in the departments and Universities from which we have drawn the editorial board for the AMJ.

The first student ambassador to the editorial board, Magdalena Harkalova was instrumental in marshalling student participation early. Writing with colleagues, Viren Kaul and Noon Sharif, Magdalena pointed out that students are keen to have a voice in health care issues and many are working to establish original programs of work. However there are still significant barriers to participation in medical research including the lack of suitable forums to present and debate their work.⁸ Since stepping down as student ambassador she has embarked on a research career in the Netherlands. Devesh Oberoi continued her excellent work as student ambassador. Both are future leaders of their profession and have already displayed considerable skill in the most important role of any leader, namely serving their peers. The Student Advisory Board (SAB) played an active role reviewing submissions, writing papers and marketing the journal. The names of those involved now appear on our website. To facilitate student involvement in the AMJ we did not, nor have any plans to, levy a subscription or submission charge. We have been able to maintain the journal through the generosity of the editorial and student advisory boards, technical advisors and administrators and through streamlining the submission process. Nobody involved with the journal is remunerated. Establishing the journal has only been possible because of a commitment to the concept of a forum for those whose voice is seldom heard on the important issues in health care across the globe.

DEBATE

Many controversies were highlighted in 2009. Mike Daube, professor of health policy at Curtin University pointed out that

there will be a billion deaths from smoking related conditions in the 21st Century. We commend his presentation to our readers. The issue of tobacco smoking continues to pose a major public health threat in both the developed and developing worlds.⁹ Writing with Laura Bond and Tanya Chikritzhs, Prof. Daube also submitted a review of once confidential documents which the authors report provide new evidence on the drinks industry's concerns about possible alcohol control measures and the strategies used to help overcome these concerns. The document findings justify the public health community's cynicism about the alcohol industry while providing a new source of information to assist development in the regulation and control of the drinks industry.¹⁰ This was one of several papers expressing expert concern about the influence and impact of commercial interests on health care. Oberoi and colleagues reported that the majority of the outlets in their survey of Indian Pharmacies sold Nimesulide in India without a prescription from a licensed physician even though paediatric formulations of the drug are banned in other countries. More than one in four families preferred Nimesulide to safer drugs. A relatively small proportion drug store owners and families were aware of the potential adverse effects of this drug.¹¹ Hassali and colleagues similarly concluded that ill advised and dangerous consumption of herbal beverages freely sold to the public in Malaysia may delay appropriate help seeking for various medical illnesses. In addition lack of knowledge about the side effects of herbal beverages may put users at risk of side effects.¹² Sharrad et al concluded from interviews with physicians in Basra, Iraq that the use of cheaper generic medicines was influenced by Drug Company advertising in that war torn country.¹³

CLINICAL FOCUS

The AMJ was pleased to publish a number of reports with a more clinical focus. Cao and colleagues concluded that clinical outcomes and tolerability were comparable between two commonly prescribed beta blockers-carvedilol and bisoprolol in the treatment of patients with Congestive Heart Failure. However therapy with carvedilol was associated with a significantly lower rehospitalisation rate for cardiovascular reasons and a trend towards a lower mortality rate.¹⁴ Ghosh and Dey reported a retrospective review of paediatric proptosis presenting to a rural teaching hospital in India, from February 2006 to June 2008. Most cases had a characteristic history and pathognomonic eye signs. They concluded that a detailed history, clinical examination and CT scan were the most fruitful approach to the diagnosis of childhood proptosis in their setting.¹⁵ As one example of papers on prescribing a team from Curtin University of Technology documented the presence of anticholinergic side effects in older people.¹⁶ Later in the year Khan and colleagues reported



some hitherto unrecognised features of 'Rove Beetle dermatitis'.¹⁷ Nikibakht et al reported that the prevalence of depression and anxiety in a sample of diabetics in one district in Iran was a staggering 50 and 67 percent respectively. On this basis the routine assessment and treatment for anxiety and depression is indicated.¹⁸ Bertol and colleagues described a case involving a patient who needed facial bone reconstruction. Their research resulted in the manufacture of effective customized craniofacial implants.¹⁹

SPECIAL EDITION

The AMJ commissioned a special edition on 'Design and Health' in 2009. The issue received more submissions than we could publish therefore we published the edition in several parts throughout the month of November. The papers featured a broad range of issues from the built environment through to the use of art in health care settings and the development of innovations for specific clinical problems. David Seidel from Cambridge University, UK hypothesised that solutions to health care problems for older people may exist at a systems level. A systems approach allows the person and their environment to be viewed as a 'system', which accounts for inter-relationships between single components and their synergistic potential.²⁰ Devorah Klein from IDEO, USA suggested that it is time for a new way of thinking about medication adherence, one that is centred on patients and their needs. By understanding adherence as an integrated design problem, interventions can be targeted to solve critical challenges.²¹ Breedon and Vloeberghs reported successful research assessing both the strengths and limitations of Shape Memory Alloy's (SMA) deployed to relieve disability in facial nerve paralysis.²²

EDITORIALS AND COMMENTARIES

We were delighted to accept commentaries from senior researchers around the world. Paul Ward from Flinders University, South Australia was a major contributor with lucid, cogent and constructive views on the case for reform of health care in Australia. Ward's perspective was consistent with many of the authors publishing in the AMJ when he advocated for interventions in many sectors (community, education, employment, transport, welfare benefits, urban planning etc) on promoting health and reducing the burden of illness.²³ More generally integration of service providers, particularly in primary care and developing innovations to be deployed in primary care were particular themes for the journal in 2009.²⁴ Health care Innovation will continue as a major focus for the AMJ in 2010.

2010

The journal also adopted the Strike a Chord foundation (www.strikeachord.org.au) as the recipient of 10% of all our revenue. It is a pleasure to include a presentation by the inspiration behind the foundation, John Zaccaria in this edition of the AMJ. On behalf of our team I thank you, the readers, authors and reviewers for generously supporting the AMJ. We

wish you a happy and peaceful holiday and our best wishes for the New Year. I conclude with a hint of things to come in 2010

Cadiology
India Special Editions
Design and Health
China html-publications
Conference Abstracts
Student Papers
Statistical Notes
Palliative Care

Figure 1. Things to look out for in the AMJ 2010

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PEER REVIEW

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CONFLICTS OF INTEREST

The author declares that he has no competing interests

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