

The *MJA* in 2019: going from very good to great!

Nicholas J Talley AC

We celebrate another exciting year and wish our readers a restful break and a prosperous 2020



Welcome to our 2019 Christmas issue, in which we celebrate the *MJA* year in review together with the traditional holiday season Down Under. As many of our readers and authors across Australia commence their well deserved breaks, we hope this more light-hearted issue of the *MJA* will still inform, inspire — and amuse.

Santa epidemics, a new syndrome (MiSeRY), Sherlock Holmes, miracles, recycling, call bells, and blondes all share the limelight

We received 23 submissions for our Christmas competition this year, and it was even harder than usual to select the best for publication. What if Santa came down with measles on Christmas Eve (presumably having missed being vaccinated at the North Pole)? What would be the risk to all the children and households around the world? Perish the thought experiment!¹ A new syndrome is also described in this issue: Manuscript Rejection sYndrome or MiSeRY, a grief reaction almost everyone who has written a medical paper has experienced at some point, including your editor-in-chief (often).² Doctors are trained to be expert diagnostic detectives, and although more than 100 years have passed since his first story was published, Sherlock Holmes remains an inspiring figure, as discussed in this issue.³ You will also read about a medical miracle in Bethlehem associated with the birth of Jesus.⁴ In this age of disposable everything, to the detriment of the environment, I appreciated the article on re-purposing medical equipment; who would have thought that so many devices could assist with our national coffee-making obsession?⁵ You will learn that the symbols on patient call bells in hospitals across the globe may (or should) inspire a new revolution.⁶ And you will find out whether blondes really do have more fun, as Rod Stewart proposed in a famous and popular song — and you may be surprised.⁷ We hope you will enjoy this eclectic selection of witty and often amusing contributions to our competition, and we congratulate this year's winners, Hui-Chen Han, Anoop Ninan Koshy, and colleagues² for their exploration of factors that influence the MiSeRY of rejected authors!

A great year for our Journal

It has been a very exciting year for the *MJA*. First, our quality, impact, and ranking have risen thanks to the increasing excellence of the submissions we receive.⁸ The *MJA* now proudly

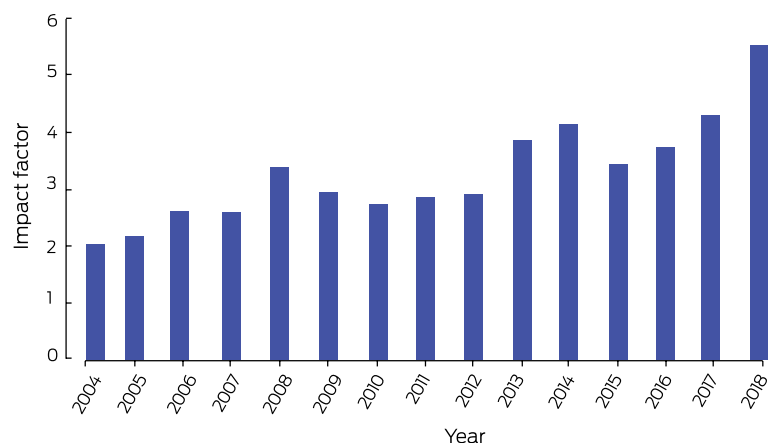
ranks among the top 10% of general medical journals globally (16th of 160 journals; source: Journal Citation reports, Clarivate, 2019). Second, the *MJA* has secured the next annual meeting of the Asia Pacific Association of Medical Editors (APAME) for Australia, to be held in Manly on 10–12 September 2020. We invite authors, clinicians, peer reviewers, researchers, academics, medical students, PhD candidates, and aspiring editors from all health and science fields to participate in what will be an outstanding program; further details will be shared early in the new year. Third, the first online *MJA* flipbook is currently being tested by 500 subscribers; if successful, this innovation will greatly enhance the online reading experience for all *MJA* subscribers. Fourth, we continue to increase our national and international presence and relevance. For example, we have continued our successful partnership with the *Lancet* that commenced in 2018⁹ with the 2019 follow-up of the *MJA-Lancet* Countdown on health and climate change in this issue (a print summary and the full report online).¹⁰ Fifth, we are working to broaden the dissemination of *MJA* content, and are proud that all our research articles are available without cost on the *MJA* website, as are all articles on Indigenous health. Sixth, we now offer our authors both Green and Gold Open Access options for publishing their articles. Finally, we are actively commissioning new content for 2020, as well as continuing to welcome author submissions from around the world: your ideas, suggestions, feedback, and articles are always welcome.

1 Manuscripts received and accepted by the *MJA*, 1 July 2018 – 30 June 2019, by type; number of peer reviewers, 2018–2019; and Journal Impact Factor (Clarivate), 2018

Manuscripts	Received	Accepted	Proportion accepted
<i>All manuscripts</i>	1222	341	28%
Research articles	481	38	8%
Research letters	56	15	27%
Narrative reviews/ meta-analyses	94	21	22%
Guidelines/Guideline summaries	12	5	42%
Editorials	43	41	95%
Lessons from practice/ Snapshots	492	29	6%
Perspectives	226	62	27%
Letters to the Editor	113	87	77%
Peer reviewers (31 October 2018 – 1 November 2019)		809	
Journal Impact Factor, 2018*		5.44 (2017: 4.23)	

* Source: Journal Citation reports, Clarivate, October 2019. ♦

2 The Journal Impact Factor of the *Medical Journal of Australia*, 2004–2018*



* Source: Journal Citation reports, Clarivate, October 2019. ♦

MJA impact is on the rise

The *MJA* is a high impact medical journal read around the world; more than 3.4 million mja.com.au page views, from almost all countries, were counted for January–October 2019. Our articles attract strong mainstream media attention, and this translates into research impact for authors. Like all top journals, we currently reject a high proportion of submitted original research articles (92% during 2019; [Box 1](#)), indicating the high quality of the work we publish. We continue to strive to increase our decision speed, and the average time from submission to first decision for original research is now 26 days. The impact factor of the *MJA* continues to rise, and is now the highest it has ever been ([Box 2](#)).

Authors and readers can be confident that each *MJA* article has undergone rigorous editorial review, including specific statistical and methodologic review of research articles, as well as double blind peer review. Reviewers do not determine whether a manuscript is accepted or rejected, but their input as content experts is essential for identifying design problems and other flaws, and for helping guide the Editorial team to fair decisions. We extend our deep thanks to all our outstanding peer reviewers who have selflessly contributed to the rigour of our Journal and to the quality of Australian medical research (pages 487–489).

Articles short-listed for the *MJA*, MDA National Prize for Excellence in Medical Research

Selecting the top original research papers we have published during the past year is always a highlight for the editors. All articles published in the *MJA* have reached a very high standard, but for the prestigious *MJA*, MDA Prize for Excellence in Medical Research we have a two-stage process: the Editorial team rank and shortlist the twelve best papers, which are then independently reviewed by an expert panel of *MJA* External Advisory Group members who choose the winner of the annual prize (worth \$10 000). We congratulate the authors of the short-listed articles, the key findings of which are summarised below (in no particular order). Please note the breadth and depth of the papers under consideration for the 2019 prize, to be presented to

the winner at the annual meeting of the Australian Medical Association in May 2020:

- Clinicians need reliable tools for identifying people at risk of cardiovascular events. Albarqouni and his colleagues¹¹ calculated predicted 10-year cardiovascular disease risk for each participant in the Australian Diabetes, Obesity and Lifestyle (AusDiab) study with four existing cardiovascular disease risk prediction models. In terms of discrimination, calibration and clinical utility, the 2013 Pooled Cohort Risk Equation model and the 1991 Framingham risk model were superior to two 2008 Framingham cardiovascular disease risk models, both in men and women, and therefore deemed appropriate for estimating cardiovascular disease risk in Australia.
- Rapid access chest pain clinics (RACPCs) are common in the United Kingdom, and this model of care could improve care for patients with chest pain in Australia. In a prospective cohort study with a historical control group, Black and his colleagues¹² found that median review times and the number of clinic reviews required for a diagnosis were lower for patients attending an Australian RACPC than a general cardiology clinic in the same hospital, as were rates of emergency department re-attendance and adverse events at 30 days and 12 months. Assessing people with new onset chest pain in RACPCs may have significant benefits for Australian hospitals.
- To maximise recovery of function and independence, people who have had strokes need best practice stroke unit care as early as possible. Lynch and her colleagues¹³ report that one in ten people admitted to hospital after a stroke were not offered goal-directed rehabilitation during their acute admission, without an evidence-based reason being recorded for this decision. Not providing optimal acute and post-acute care rehabilitation is of major concern, as it may reduce the independence of patients and increase the burdens on their carers, their community, and aged care services.
- In their cross-sectional review of Victorian Cancer Registry data, De Menezes and her co-authors¹⁴ assessed changes over time in the choice of skin biopsy technique for diagnosing invasive melanoma. They found that the proportion of partial biopsies had increased from 20% in 2005 to 36% in 2015, and the proportion of shave biopsies from 9% to 20%, the technique being increasingly popular among both dermatologists and general practitioners. As the high base transection rate with shave biopsy (54%) reduces the accuracy of tumour staging crucial for planning appropriate therapy, the authors concluded that excisional biopsy should be the standard of care for lesions suspected to be invasive melanoma, in keeping with Cancer Council Australia guidelines.
- Machalek and her colleagues¹⁵ reported early data from the renewed cervical screening program in their retrospective review of 195 606 specimens that were submitted for HPV testing in Sydney. During six months of 2017–18, cytogenic abnormalities were identified in specimens from 35.5% of women with positive oncogenic human papillomavirus virus (HPV) screening test results; high grade abnormalities were detected in 15.3% of samples positive for HPV types 16/18. These data are reassuring, as they confirm the renewed screening program is performing as expected.
- Organs are often rejected for transplantation if potential donors are at increased risk of blood-borne virus infections, including

men who have sex with men, injecting drug users, sex workers, and prisoners. Waller and her colleagues¹⁶ undertook a rigorous systematic review and meta-analysis to estimate the residual risk in Australia of infection with human immunodeficiency virus (HIV) or hepatitis C (HCV) or B viruses (HBV) by organ donors from groups at increased risk who have negative viral test results. They found that the absolute residual risks of infection were very low, and that judicious acceptance of organs from such donors could reduce transplant waitlist mortality by providing organs for as many as 30 additional recipients each year in NSW alone.

- The Getting it Right Collaborative Group¹⁷ undertook an important validation study of a culturally adapted version of the nine-item Patient Health Questionnaire (aPHQ-9) as a screening tool for depression in Indigenous Australians. In their prospective observational study including 500 Indigenous Australians from ten primary health care centres, they found that the aPHQ-9 is an effective tool for screening for current major depressive episodes, and could help clinicians and researchers confidently identify depression in Indigenous patients, facilitating initiation of effective treatment.
- The dearth of dedicated clinical mental health support and intervention services in remote Australia can dissuade people from seeking help until they are in crisis. In an original prospective study during 2014–2017, Gardiner and his colleagues¹⁸ found that the Royal Flying Doctor Service transported 2257 people from rural and remote locations to larger towns and cities for the treatment of mental and behavioural disorders, the major diagnoses of patients including schizophrenia, bipolar affective disorder, depression, and, particularly among younger patients, substance misuse disorders.
- The most frequently implicated drug in fatal overdoses in Australia is paracetamol (acetaminophen). Cairns and her colleagues¹⁹ retrospectively reviewed paracetamol overdose-related hospital admissions and deaths in Australia and the overdose sizes of intentional paracetamol overdoses, as reflected in data from several national databases. Paracetamol poisoning diagnoses increased by 3.8% per year between 2007–08 and 2016–17; overdose sizes also increased, and overdoses with modified release paracetamol preparations became more common. The findings suggest that availability should be restricted by, for example, reducing pack sizes for non-prescription paracetamol.
- The increasing misuse of the anticonvulsant pregabalin, widely used for treating neuropathic pain, is associated with adverse psychiatric and medical effects. In their retrospective cross-sectional study, Crossin and her colleagues²⁰ found that the rate of pregabalin-related ambulance attendances increased tenfold in Australia between 2012 and 2017, and that the rise was correlated with the national prescription rate. Patients frequently misused pregabalin together with other sedatives, particularly benzodiazepines, and almost 40% of misuse-related events requiring paramedic attendance were suicide attempts. Caution is required when prescribing pregabalin, especially for patients using other sedatives.
- In a cluster randomised controlled trial in 18 NSW hospitals, Cheung and his colleagues²¹ examined whether screening emergency department patients improves the detection of unrecognised diabetes. The investigators found that automatically requesting HbA_{1c} assessments of patients with blood glucose levels of 14 mmol/L or more and notifying hospital diabetes services were insufficient for improving care, and needed to be supported by more comprehensive, systems-based solutions.
- In an open label randomised controlled trial in a tertiary

maternity hospital, White and his co-authors²² found that circulating Rh(D)-immunoglobulin (anti-D) was detectable at delivery in a greater proportion of Rh(D)-negative women who had received antenatal anti-D prophylaxis as two doses (at 28–30 and 34–36 weeks of pregnancy: 111 of 129, 86%) than of women who received it as a single dose (28–30 weeks: 70 of 125, 56%). The authors concluded that the two-dose schedule, recommended in Australia, provides better protection against Rh(D) sensitisation than the single dose preferred in some overseas countries.

Stepping up nationally and globally

I have repeatedly stated publicly that Australian health and medical researchers need and deserve an outstanding local general medical journal with national and global perspectives. A great journal does not just publish excellent peer-reviewed, evidence-based articles that have been subjected to the highest quality editorial processes; a great journal is much more than a collection of original research papers. In my view, a great journal promotes research excellence, influences medical practice and policy by providing the best evidence, stimulates debate, discussion and further research, is a trusted source of information for the profession, community and government, and helps shape the evolving role of medical practice over time. The *MJA* will continue to aspire to be a globally leading general medical journal, with the broad objective of improving health outcomes for all Australians. As we journey forward, we thank you and all our readers for your support during 2019, and the entire *MJA* team sends you and your families our season's greetings, and best wishes for a great 2020.

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The MJA Editorial Advisory Group members are eminent clinicians and scholars who are valuable sources of ideas for the content of the Journal. They provide constructive criticism of the format and content of the Journal, and provide independent advice to the MJA Editorial Committee on appeals of editorial decisions, problematic articles, and complaints about the editorial process.

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Justin T Denholm	Phillip D Good	Awachana Jiamsakul	Christopher G Maher	Mark R Nelson	Joshua D Safer
Graeme J Dennerstein	Steven Goodman	Trisha C Johnston	Donna B Mak	Jonathan W Newbury	Salih A-S Salih
James A Dickinson	David L Gordon	Daryl Jones	Allison Malcolm	Louise K Newman	Ruth Salom
Jan E Dickinson	Iain B Gosbell	Mark A Jones	Laurens Manning	Evan D Newnham	Prashanthan Sanders
Hugh G Dickson	Linda V Graudins	Michael P Jones	Dror Maor	Cattram Nguyen	Carolyn Sappideen
Paul M Dietze	Leonard C Gray	Tiffany Jones	Panos G Maouris	Tuan V Nguyen	Mona Sariya
Lisa Dive	Timothy J Gray	Susan J Jordan	Louise J Maple-Brown	Kathleen M Nicholls	Robyn P-M Saw
Geoffrey J Dobb	Susan L Grayson	Anthony F Jorm	Tania Markovic	Suzanne Nielsen	Susan M Sawyer
Timothy A Dobbins	Anthony J Green	David JL Joske	Susan Marks	Olav B Nielssen	Benjamin R Saxon
Annette J Dobson	Shaun L Greene	Christos Karapetis	Romes Markos	Christopher J Nolan	Leslie Schrieber
Xenia Dolja-Gore	Kate Gregorevic	Krishna M Karpe	Alexandra L Markwell	Terence M Nolan	Andre Schultz
Mark W Douglas	David W Gronow	Judith M Katzenellenbogen	Caroline Marshall	John B North	David W Schultz
Jo A Douglass	Mathis Grossmann	Margaret P Kay	Lewis Marshall	Johannes Nossent	Thomas R Schulz
Robert Dowsett	Pascale Guitera	Joey M Kaye	Roderick I Marshall	Jeremy JN Oats	Jennifer L Schumann
Brian M Draper	Hasantha Gunasekera	Frances J Kay-Lambkin	Roger J Marshall	Michael O'Callaghan	Lambert WT Schuwirth
Wei Du	Jenny E Gunton	Suzsoksa Kecskes	Frank Martin	Dianne L O'Connell	Ian A Scott
Michael J Dudley	Monisha Gupta	Claire Keith	Jennifer H Martin	Daniel W O'Connor	James G Scott
Gregory J Duncombe	Nitin Gupta	Nicholas A Keks	Paul T Martin	Simon O'Connor	Ego Seeman
Stephen J Dunjey	Paul S Haber	Anne-Maree Kelly	Marianne Martinello	Jake Olivier	Siva Senthuran
Adam Dunn	Fiona A Haigh	John W Kelly	Ana Marusic	Ian N Oliver	Fiona Shand
Sophie Dwyer	Bridget G Haire	Robert I Kelly	Thomas H Marwick	John H Oliver	Jonathan E Shaw
John R Dyer	Krispin Hajkowicz	Evie Kendal	W John H McBride	Terrence Ong	David A Sholl
Christine A Dykstra	Sally J Hall	Ross K Kerridge	Geoffrey W McCaughan	David C Orchard	Rupendra N Shrestha
Kerri Eagle	Wayne D Hall	Alison M Kesson	Peter McCluskey	Liliana Orellana	Alexis L Shub
Creswell J Eastman	Steven J Hambleton	Greg G King	Christopher J McCormack	Nicholas J Osborne	Stephen P Shumack
Glenn M Eastwood	Garun Hamilton	Adrienne C Kirby	Elizabeth A McCusker	Richard H Osborne	Kenneth A Sikaris
Kristie Ebi	Ian R Hamilton-Craig	Timothy Kleinig	Christine F McDonald	Alexander Outhred	Morry Silberstein
Hooi C Ee	Graeme J Hankey	Bartha M Knoppers	Peter J McDonald	Louise Owen	Hao-Wen Sim
Sam Egger	Damian Harding	Cherry Koh	Stephen McDonald	Bhavna Padhye	Karen N Simmer
John A Eisman	Jenny Hargreaves	Jennifer Koplin	Suzanne P McEvoy	Pamela Palasanthiran	David Simmons
James Elder	David Harley	Elizabeth Korevaar	James McFadyen	Sagun Parakh	Leon A Simons
Lisa J Elkington	Paul L Harper	Robert J Kosky	Forbes McGain	Stuart G Parker	Judy M Simpson
Steven R Ellen	Ian A Harris	Emma E Kowal	Andrew McGavigan	Sant-Rayn Pasricha	Andrew H Singer
Pete M Ellis	Phillip J Harris	Leonard Kritharides	Andrew McGee	Ron Paterson	Sankar N Sinha
David A Ellwood	Gunter F Hartel	Matthew Ku	Peter McGeorge	Jillian Patterson	Vitali Sintchenko
Taku Endo	Kenneth J Harvey	Paul A Kubler	Peter B McIntyre	Brian B Peat	Freddy Sitas
Daniel Engelman	Richard B Hays	Prasad Kumarasinghe	Lachlan J McIver	Nancye M Peel	Sarah Skinner
Guy D Eslick	Christopher H Heath	Susan E Kurrele	Diana R McKay	Carmelle Peisah	Anthony J Smith
Adrian Jeffrey Esterman	William F Heddle	Mervyn Kyi	Andrew J McLachlan	Stella Pendle	David W Smith
Christopher Etherton-Beer	Michael A Henderson	Valentina L La Rosa	Robert McLachlan	Charana Perera	Jane Smith
Andrew H Evans	Michael J Hensley	Christine Lai	Daniel B McLaughlin	Andrew F Pesce	Megan Smith
Ben D Ewald	Ana Herceg	Stephen B Lambert	Catrina McLean	Alexandra Phelan	Merran Smith
Daniel P Ewald	Wayne M Herdy	Cecilie M Lander	Hamish McManus	Jennifer Philip	Tom Snelling
Michael O Falster	Alexander G Heriot	Aleksandra Lange	Justin McNab	Christine B Phillips	Tuck Meng Soo

Tania C Sorrell
David J Speers
Denis Spelman
Andrew J Spillane
Geoffrey K Spurling
Efty P Stavrou
Christina M Steffen
Rajah Supramaniam
Tatiana Surzhina
Tom R Sutherland
Aaron Sverdllov
Melissa A Sweet
Ram Tampi
David McD Taylor
Hugh R Taylor
Mark Taylor
Richard Taylor
Stuart Taylor
Michelle M Telfer

Dean Tey
Hiran Thabrew
Mark AB Thomas
Alexander JV Thompson
Geoffrey N Thompson
Kelly Thompson
Peter L Thompson
Peter L Thomson
Karin Thursky
Mark LH Tie
Joseph YS Ting
Nickolai Titov
John Tobin
Ronald P Tomlins
Steven YC Tong
Les J Toop
Duncan J Topliss
Adrienne J Torda
Otilie Tork

James M Trauer
Lyndal J Trevena
Jason A Trubiano
Haitham W. Tuffaha
Angus Turner
Anthony J Turner
Jason A Tye-Din
Edward Upjohn
Tim Usherwood
Claire M Vajdic
Marina J Vamos
Michiel P van Wijk
Paul Varghese
Bala Venkatesh
Emma C Veysey
Elmer V Villanueva
Graham V Vimpani
Ioana Vlad
Russell G Waddell

Sudhir Wahi
Anna M. Waldie
Euan M Wallace
Troye Walleit
E Haydn Walters
Michael R Ward
Lynette Waring
Morgyn Warner
David D Warrell
Lachlan J Warren
Stephen Warrillow
Stephanie Watson
David AK Watters
Gerald F Watts
Bruce P Waxman
Andy Wearn
Michael Wehrhahn
Philip Weinstein
Steven L Wesselingh

Simon Wessely
Juanita L Westbury
Andrew V White
Ben P White
Christopher P White
Julian White
Garry J Wilkes
Chris S Wilkinson
David B Williams
Trevor J Williams
Nigel Wilson
Kenneth D Winkel
Christopher Xin Jie Wong
Lisa J Wood
Peter Wood
Richard J Woodman
Alistair J Woodward
Michael C Woodward AM
Paul Worley

John Worthington
Michael Wright
Elizabeth J Wylie
Bu Beng Yeap
Catherine Yelland
Lisa N Yelland
Luke Yip
Choong-Siew Yong
Christopher J Young
Glenn Young
Jeannette R Young
Laura Young
Paul Young
Kally Yuen
James Yun
Sarah Zaman
Nicholas Zdenkowski
Christopher Zeitz
Yuejen Zhao
Anthony B Zwi