Letter to the Editor

Timely publishing of experiences and sharing of knowledge.

Sir,

Philip Larkin wrote “man hands on misery to man”. The poet was born in 1922 at the birth of the modern “antibiotic era” and, while he was not referring to infection, the phrase reflects the microbiological phenomenon. Early career doctors, nurses and IPC professionals should feel empowered to report their work and not be over-awed by perceived restrictions or hierarchical clinical and management structures. However, their early career focus is likely to be dominated by ambition for professional success. Controversy, “rocking of boats” and association with incidents of emerging drug resistance may, perhaps, be viewed as best avoided. And such was the case, in 2005, when a 15 year old male cystic fibrosis patient presented with a linezolid-resistant methicillin-sensitive *Staphylococcus aureus* G2576T mutation secondary to the prolonged use of linezolid by his attending physician in the absence of any specialist advice. Although now superceded by reports in 2006 and 2010 of similar incidences, at that time we did not publish our learning regarding risks associated with prolonged monotherapy in this setting, ineffective dosing and subsequent bacteriostatic activity.

We aspire to treat our patients; but when constrained by time and resources we risk ignoring the broad meaning of the term. We fail to treat in the academic sense, to reflect and to pursue intellectual work that ensures we scientifically analyse, interpret and report our findings in ways that disseminate data and contribute to the body of knowledge regarding clinical challenges and innovative solutions.

Reflecting on our recent reports documenting incidences of multidrug-resistant microbes, management of their outbreaks, interventions for their avoidance, and patient experiences when identified as carriers, it is apparent that this activity corresponded with the appointment to University Hospital Limerick in 2010 of a second consultant clinical microbiologist. This created some capacity to assess our practice, to engage with the research strategy of the nascent affiliated medical school, and to publish.

Infection prevention and control represents a community of practice in which to become professionally isolated can result in poor clinical performance and, inevitably, patient outcomes. In the “post-antibiotic era”, the consequences of not publishing emerging pathogens and their characteristics in a timely fashion are too grave. It behoves us as mentors and colleagues to enable this, and to ensure that dissemination of our learnings are not delayed to the detriment of patients. Maybe Larkin’s “men” can instead be vectors of knowledge.

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References


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