tubes containing sodium citrate solution, purchased from commercial sources and used for clotting profiles, were cultured and all were positive for the isolate. All other tubes and solutions were sterile.

The presence of contaminant bacteria in blood sampling tubes has been noted previously,[1,2] though citrate fluid has not always been the carriage medium, heparin also having been incriminated.[2] Antiseptic and patients' own skin may also be culprits.[3,4]

The causative problem, common to both our cases and the larger cluster of instances of *Enterobacter* species found at the Royal Adelaide Hospital in 1992, is the practice of taking a large volume of blood for a variety of investigations, including blood cultures, and the filling of various tubes before adding the residual sample to blood culture bottles. This practice permits bacteria to travel on syringe needles into blood culture bottles and may also affect the volumes which should be inoculated into the bottles.

Physicians should be encouraged to inoculate blood culture bottles before filling any other collection tubes, lest they generate spurious evidence for the very disease they are attempting to exclude, namely septicaemia.

Mark Anderson, BAppSc, MASM
Senior Scientist, Microbiology Department

Richard Davey, MA, BSc, PhD, FRCPA
Clinical Pathologist

Western Hospital
Private Bag, Footscray, VIC 3011

1 Broom M, Smith R. Pseudobacteraemia and contaminated prothrombin estimation tubes. *Commun Dis Intell* 199? 16 500-501
2 Washington JA. The microbiology of evacuated blood collection tubes. *Ann Intern Med* 1977, 86: 186-188
3. Kaslow RA, Mackel DC, Mallison GF. Nosocomial pseudobacteremia: positive blood cultures due to contaminated benzalkonium antiseptic. *JAMA* 1976, 236: 2407-2409.
4 Puckett A, Davison G, Entwistle CC, Barbara JA. Post transfusion septicaemia 1980–1989: importance of donor arm cleansing. *J Clin Pathol* 1992; 45: 155-157

Advice to correspondents

Letters should be short (400 words) and to the point. Double-spaced hard copy is essential. An accompanying computer disk would be ideal. References should be accurate and complete. Authors' positions and degrees are needed, as are their signatures.

The doctor and the clinic: young people's experiences of HIV testing

To the Editor: I wish to draw the attention of your readers to our recent article in the *National AIDS Bulletin*.[1] We found a low incidence of proper counselling before and after testing for young people who approached general practitioners to be tested for human immunodeficiency virus (HIV) antibodies. Some doctors had also clearly not obtained informed consent and, in this sample, test results being given by telephone or by a receptionist was common. People attending a sexually transmitted diseases clinic appeared to receive more comprehensive service, although in both testing sites there is some room for improving the relevance of post-test counselling to educate and motivate young people to decrease their risk of infection.

While no claim can be made for the representativeness of the sample (illicit drug users) or the generality of the results, we have no reason to believe that the young people interviewed in this study systematically chose ill-informed doctors when seeking tests for HIV. Nor can the medical profession remain complacent in the belief that, had any of these young people been HIV positive, the standard of care would certainly have been higher: a recent report in the *West Australian* newspaper[2] stated that in the previous nine months two people had been informed that they were HIV positive over the telephone while they were at work and without being informed about available counselling services.

Although some attention has been given to training medical practitioners and medical students in the non-biomedical aspects of HIV and the necessity of counselling before and after testing, our research suggests that further education and training of general practitioners is needed. Basic counselling skills in general, and brief counselling techniques in particular, could have many applications in encouraging health-protective behaviours among patients. For injecting drug users, the importance of such counselling is underscored by high rates of infection with hepatitis C virus, which will place a large burden on health care costs in the coming decades, particularly if health messages regarding safer drug using and the adverse effects of alcohol consumption on those infected are not delivered in ways which are acceptable to the target audience.

It is the responsibility of general practitioners to ensure that testing is done with informed consent, and adequate counselling before and after testing is given; a number of guides to such counselling have been published to assist in this matter.[3] Perhaps the successful implementation of such guidelines depends on the active support of bodies such as the Australian Medical Association and the Royal Australian College of General Practitioners. General practitioners stand in a privileged position with regard to patients who have been exposed or are at risk of contracting HIV and hepatitis C. Doctors have the potential to soften the psychological impact of a positive diagnosis and to enhance subsequent health protective behaviours through the provision of thorough counselling in association with testing.

Claudia Ovenden, BA
Research Associate

Wendy Loxley, BA(Hons), MPsych
Research Fellow

National Centre for Research into the
Prevention of Drug [illegible]
Curtin University of Tech[illegible]
GPO Box U 1987, Perth [illegible]

1 Ovenden C, Loxley W. The doctor and the clinic: [illegible] people's experiences of HIV testing. *Natl AIDS Bull Aust* 1993, 7: 34-37
2 McKimmie M. Test results phoned: lawyer. *West Australian* 1993 Jul 19: 15.
3 Carne PT, Ross M, Kemp RJ. A practitioner's guide to HIV testing. *Med J Aust* 1993, 158: 267-268

Prospects for the treatment of obesity

To the Editor: When Dr John Snow (whose attitudes got under the skin of some of his colleagues) removed the handle of the Broad Street water pump in 1854,[1] he followed a determined strategy. A diagram in his book shows that all cases of cholera in his central London district were concentrated around that pump and that the streets around the other pumps were free of cases. Like John Snow I believe that, when clinical problems are obviously preventable, strategies should be devised to overcome them.

Proietto, in discussing "Prospects for the treatment of obesity",[2] finishes on a note of despair: "Currently the long term results of most weight loss programs are poor, no matter which approach is taken. It could be argued, that it is difficult, if not impossible, to fight a powerful physiological mechanism such as hunger, when there is an abundance of food. The inevitable conclusion is that, barring famine, obesity is with us to stay." Proietto also maintains that "the only hope for the successful treatment of obesity lies with pharmacological agents".

Since only anorectic drugs have been shown to be of use in the treatment of obesity, Garrow[3] concentrates his discussion on them and comes to the conclusion that the "benefits derived from the use of anorectic drugs (do not) outweigh the disadvantages". He expresses frustration (a frustration that comes from trying to close the diet stable door, after the obesity horse has bolted): "the doctor can easily be persuaded that the patient is wasting the doctor's time and is hardly worthy to be treated with normal courtesy". He makes no bones about his frustration, and confesses, "I have to struggle to avoid this trap at every outpatient session".

The medical profession has led the drive towards the general desire that society be free of casualties from tobacco.[4] If keeping lean is to be as commonplace as keeping clean, who better than those in the medical profession to come to terms with the frustrations inherent in behaviour modification and show the way towards a general desire that society be free of casualties from obesity. We should regard obesity and excess weight as serious health problems and each of us should achieve an optimum weight, overcoming "bad habits" of excess consumption when they exist.

Once strategies had been devised from our experience, we could then push the idea that being lean is as important as being clean. Until there are established ways whereby the maintenance of an optimum weight becomes a matter of commonsense (like the provision of clean drinking water), an ethical dimension to this social problem will remain.

John N Burry, FRCP(Edin)
Retired Dermatologist
PO Box 413, Kingswood, SA 5062