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A senior BMA figure has come under fire for claiming that rates of infection of sexually transmitted diseases in the United Kingdom would fall by 50% if the sex trade were legalised and rigorously regulated. Chris Spencer Jones, chairman of the BMA’s public health committee, told the association’s annual public health conference last week that focusing on prostitutes, particularly immigrant and drug addicted sex workers, would also save the NHS £330m a year. Sexual health specialists immediately accused Dr Spencer Jones of making unsubstantiated claims that might further stigmatise sex workers. Dr Spencer Jones told the conference: “In Birmingham it has been reported that 70% or more of STIs [sexually transmitted infections] are circulated in a pool ...


Doctors facing some types of misconduct allegation by the UK regulatory body, the General Medical Council, will be able to escape full disciplinary hearings by agreeing to have conditions attached to their registration. “Consensual disposal” will be available for the less serious conduct cases, allowing a doctor to agree, for example, not to practise single handedly, not to perform minor surgery in a GP setting, or to undergo a period of retraining. Cases relating to problems with a doctor’s health or performance can already be resolved by undertakings about future action, but the power to dispose of a case at the investigation stage by agreement with the doctor ...


A British woman who waged a five year legal battle for the right to try to conceive using her own frozen embryos reached the end of the road this week when the 17-judge grand chamber of the European Court of Human Rights in Strasbourg ruled against her by 13-4. Natalie Evans took her case through the UK courts and on to Strasbourg after her former partner, Howard Johnston, refused to consent to her implantation with embryos created from his sperm and her eggs. The Human Fertilisation and Embryology Act 1990, which governs in vitro fertilisation treatment, states that both partners must consent to the use and storage of embryos and that either may withdraw consent at any time. The six embryos were created and frozen in 2001 after Ms Evans, now aged 35, was given ...


Supporters of the Zimbabwean opposition party who had been beaten and tortured by police last month were denied medical care for days or were treated in the presence of their abusers by intimidated doctors, says the Zimbabwean Association of Doctors for Human Rights (ZADHR). The group’s chairman, Douglas Gwatidzo, treated the opposition leader Morgan Tsvangirai, of the Movement for Democratic Change, two days after he was detained on 11 March in the township of Highfield, near Harare, during an opposition rally. But Mr Tsvangirai had already been taken by police to the accident and emergency department of the government’s Central Hospital after collapsing on the night of his arrest, the human rights group said. The department was cordoned off, and a junior medical officer on duty was made to examine…


A profile of placental function in the second trimester of pregnancy may be of value in identifying pregnancies that are at risk for pre-eclampsia, fetal death, and intrauterine growth restriction, says Canadian researchers. A placental function profile at 16-23 weeks of gestation can reassure women with normal test results by identifying the subset of women who are at high risk of perinatal morbidity or death from severe intrauterine growth restriction, says the study, published in the American Journal of Obstetrics and Gynecology (2007;196:363.el-7). The University of Toronto research team used a placental profile in a prospective study of 212 medically or obstetrically high risk pregnancies


The UK government should financially support the health services of developing countries to provide the drugs and care that pregnant, HIV positive women need to stop them passing the infection to their babies, a new Unicef report urges. More than 90% of pregnant, infected women in poor countries miss out on services that could prevent their babies being born with the disease, the report says. Every minute a baby is born with HIV, most of whom are destined to die before their second birthday, yet the risk of mothers passing HIV to their babies can be reduced simply and cheaply, claims the children’s organisation. The new report marks the launch of Unicef UK’s campaign to raise £1.5m over the next 18 months to ensure that more babies in poor countries are born free of HIV.


New arrangements for funding academic medical research in England have left some disciplines, particularly in the field of psychiatry, out in the cold, depriving them of research funds and limiting career prospects for people wanting to work in these areas, researchers have warned. The new system, announced last year, merged the budgets from the two existing streams for the public funding of medical research, those of the Medical Research Council and NHS Research (BMJ 2006;332:994, doi: 10.1136/bmj.332.7548.994). There is now a single fund for academic medical research, administered by the National Institute for Health Research, which was set up to deliver the government’s
research strategy. Researchers in many disciplines who previously received funding directly from their NHS trusts have had to apply to the institute, and some have now been told that their research money...


Three Russian doctors face a criminal trial after being accused of endangering children’s health in the course of trials of vaccines for the drug company GlaxoSmithKline. If convicted they could be sentenced to up to six years in prison. Prosecutors in the southern Russian city of Volgograd allege that the doctors tested GlaxoSmithKline vaccines on young babies who were not fully healthy and that parents’ consent was not sought. The three doctors and GlaxoSmithKline deny any wrongdoing and say that the trials were done lawfully and entirely in accordance with relevant ethical obligations. In fact it seems that the doctors are the victims of a political storm created by the Russian media, in which the vaccine trials have been depicted as experiments on unsuspecting citizens by predatory foreign firms.


A new prospective cohort study adds to the evidence that regularly taking aspirin reduces the incidence of cancers and cancer mortality. But the study, in postmenopausal women in the US Midwest, found that use of non-steroidal anti-inflammatory drugs did not protect against cancer. Researchers from the Mayo Clinic College of Medicine in Rochester, Minnesota, and the University of Minnesota in Minneapolis studied 22,507 postmenopausal women who had no history of cancer or heart disease and who took part in the Iowa women’s health study. They presented their findings in an abstract at the annual meeting of the American Association for Cancer Research in Los Angeles last week. When the women enrolled in the study in 1992, they reported their use of aspirin and non-steroidal anti-inflammatory drugs and also their smoking history. The researchers did not question the women...


Proposals to create an “NHS headquarters” or a “management executive” in England’s Department of Health are being drawn up by David Nicholson, the health service’s chief executive. The move could be the first step towards the creation of a more independent board to run the NHS—with the aim of reducing the day to day involvement of politicians in what by next year will be a £90bn business. It comes as Gordon Brown, the chancellor of the exchequer, has been reported to be interested in creating an independent board as one of his first acts as prime minister, assuming he becomes so. The Conservatives, under David Cameron and Andrew Lansley, have also advocated a version of the idea. The proposals reflect the changing nature of the NHS, which is slowly becoming more of a commissioning organisation and less of a direct provider. Hospitals are being encouraged to become . . .


A new private venture is offering NHS patients the chance to inspect their complete medical record, in electronic form, on any personal computer. Health eCard, being piloted in north London, is the latest of several initiatives which aim to give patients access to their medical records by using IT (information technology). Although the concept of electronic “patient held records” is not new, the technology seems to be coming of age—kindling debate on safety, confidentiality, the amount of information to which patients should routinely have access, and the potential impact on NHS resources. Allowing patients to view their own records is one goal of the £12.4bn national programme for IT in the National Health Service . . .


European legislation on working time and the maximum 48 hour working week is currently languishing in a no man’s land. The battle between supporters of the opt-out from its provisions, led by the United Kingdom, and opponents to such a move, championed by France, has resulted in a stalemate in efforts to update measures that were first introduced in 1998. At the same time, national governments are having to take into account rulings from the Luxembourg based European Court of Justice, which interprets the legislation. The two most important are SIMAP (Sindicato de Médicos de Asistencia Pública) (2000) and Jaeger (2003). These held that on-call duty performed by a doctor when required to be physically present in the hospital must be regarded as working time.

OBservations
(Since these articles has no abstract, we just provided an extract of the first 150 words of the full text and any section headings)


The unpredictability of cancer may partly explain the media obsession with the wife of a presidential candidate have been surprised by the extensive and continuing media coverage of the announcement that Elizabeth Edwards, wife of the US presidential candidate John Edwards, has recurrent breast cancer. It was front page news here when it was announced. The Edwards’s decision to continue his campaign despite the cancer was then analysed and discussed endlessly, with multiple follow-up stories and interviews in the newspapers, on the network news programmes, and in the blogosphere. Why all the fuss? First, a bit of background. John Edwards, a former US senator, ran for president in 2004 and was beaten by John Kerry, who then picked him as his vice presidential running mate. On election day 2004 Mrs Edwards found out that she had breast cancer. She subsequently had surgery and radiation therapy...

Birth and death are rites of passage for which preparation is important. In rich countries, information and support during pregnancy and childbirth are available in spades from a vast range of professional and lay sources. Choice of venue for the birth is often on offer too. The risk is not so much of entering uncharted territory unprepared as of entering it utterly bedraggled from a deluge of advice. Are we equally well prepared for dying and death? Speaking for myself, the answer is no. I dodged the issue before life threatening surgery and floundered as I witnessed my father’s slow decline from dementia. Practising medicine conferred familiarity but not understanding, competence, or even compassion. I learnt a lot through following his journey.

ANALYSIS
(Since these articles has no abstract, we just provided an extract of the first 150 words of the full text and any section headings)


New treatments are usually thoroughly evaluated before they enter clinical practice, but much of what doctors do is based on experience rather than evidence. However, just because a practice is widely accepted within the profession does not guarantee that it is effective; there are many historical examples, such as the practice of copious and repeated blood letting, which persisted from antiquity well into the mid-19th century. In recognition of this, last year the UK National Institute for Health and Clinical Excellence (NICE) launched ...


Yasmin Ahmed-Little provides evidence that junior doctors’ dislike of shift working is more than a stubborn reaction and discusses how to make shifts more tolerable. Junior doctors in the UK have seen their working hours cut through implementation of the European Working Time Directive and the Department of Health’s new deal to improve working conditions. However, the resulting increase in shift working has caused great dissatisfaction. Juniors report fatigue and poor performance on the night shift, and evidence from outside medicine suggests there may be long term health effects. Concerns have been raised about future ...

RESEARCH


To review the literature on the use of inhaled nitric oxide to treat acute lung injury/acute respiratory distress syndrome (ALI/ARDS) and to summarise the effects of nitric oxide, compared with placebo or usual care without nitric oxide, in adults and children with ALI or ARDS. Data sources Medline, CINAHL, Embase, and CENTRAL (to October 2006), proceedings from four conferences, and additional information from authors of 10 trials. Two reviewers independently selected parallel group randomised controlled trials comparing nitric oxide with control and extracted data related to study methods, clinical and physiological outcomes, and adverse events. Mortality, duration of ventilation, oxygenation, pulmonary arterial pressure, adverse events. 12 trials randomly assigning 1237 patients met inclusion criteria. Overall methodological quality was good. Using random effects models, we found no significant effect of nitric oxide on hospital mortality (risk ratio 1.10, 95% confidence interval 0.94 to 1.30), duration of ventilation, or ventilator-free days. On day one of treatment, nitric oxide increased the ratio of partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2 ratio) (13%, 4% to 23%) and decreased the oxygenation index (14%, 2% to 25%). Some evidence suggested that improvements in oxygenation persisted until day four. There was no effect on mean pulmonary arterial pressure. Patients receiving nitric oxide had an increased risk of developing renal dysfunction (1.50, 1.11 to 2.02). Nitric oxide is associated with limited improvement in oxygenation in patients with ALI or ARDS but confers no mortality benefit and may cause harm. We do not recommend its routine use in these severely ill patients.


To determine if the risks of perinatal mortality and antepartum stillbirth associated with post term birth increase earlier during pregnancy in South Asian and black women than in white women, and to investigate differences in the factors associated with antepartum stillbirth between the racial groups. Design Prospective study using logistic regression analysis. Setting 15 maternity units in northwest London from 1988 to 2000. Participants 197 061 nulliparous women self reported as white, South Asian, or black, who delivered a single baby weighing at least 500 g at 24-43 completed weeks’ gestation. Main outcome measures: gestation specific perinatal mortality, antepartum stillbirth rates, and independent factors for antepartum stillbirth by racial groups. The crude gestation specific perinatal mortality patterns for the three racial groups differed ($P<0.001$). The perinatal mortality rate among black women was lower than among white women before 32 weeks but was higher thereafter. Perinatal mortality was highest among South Asian women at all gestational ages and increased the fastest at term. After adjusting for confounding, South Asian women still had a significantly higher risk of antepartum stillbirth (odds ratio 1.8, 95% confidence interval 1.2 to 2.7). The risk of perinatal mortality increased earlier in gestation among South Asian women than among white women. The most important factor associated with antepartum stillbirth among white women was placental abruption, but among South Asian and black women it was birth weight below 2000 g.
To determine if first trimester fetal growth is associated with birth weight, duration of pregnancy, and the risk of delivering a small for gestational age infant. Design Prospective cohort study of 38 033 pregnancies between 1999 and 2003. Setting 15 centres representing major regions of the United States. Participants 976 women from the original cohort who conceived as the result of assisted reproductive technology, had a first trimester ultrasound measurement of fetal crown-rump length, and delivered live singleton infants without evidence of chromosomal or congenital abnormalities. First trimester growth was expressed as the difference between the observed and expected size of the fetus, expressed as equivalence to days of gestational age. Main outcome measures Birth weight, duration of pregnancy, and risk of delivering a small for gestational age infant. Results For each one day increase in the observed size of the fetus, birth weight increased by 28.2 (95% confidence interval 14.6 to 41.2) g. The association was substantially attenuated by adjustment for gestation, age, and was not enhanced by combining the intervention with instructions on basic hygiene, a water storage vessel, or improved sanitation or water supplies—other common environmental interventions intended to prevent diarrhoea. Conclusion Interventions to improve water quality are generally effective for preventing diarrhoea in all ages and in under 5s. Significant heterogeneity among the trials suggests that the level of effectiveness may depend on a variety of conditions that research to date cannot fully explain.


Data sources Cochrane Infectious Diseases Group’s trials register, CENTRAL, Medline, Embase, LILACS; hand searching; and correspondence with experts and relevant organisations. Study selection Randomised and quasirandomised controlled trials of interventions to improve the microbial quality of drinking water for preventing diarrhoea in adults and in children in settings with endemic disease. Data extraction Allocation concealment, blindness, losses to follow-up, type of intervention, outcome measures, and measures of effect. Pooled effect estimates were calculated within the appropriate subgroups. Data synthesis 33 reports from 21 countries documenting 42 comparisons were included. Variations in design, setting, and type and point of intervention, and variations in defining, assessing, calculating, and reporting outcomes limited the comparability of study results and pooling of results by meta-analysis. In general, interventions to improve the microbial quality of drinking water are effective in preventing diarrhoea. Effectiveness was not conditioned on the presence of improved water supplies or sanitation in the study setting and was not enhanced by combining the intervention with instructions on basic hygiene, a water storage vessel, or improved sanitation or water supplies—other common environmental interventions intended to prevent diarrhoea. Conclusion Interventions to improve water quality are generally effective for preventing diarrhoea in all ages and in under 5s. Significant heterogeneity among the trials suggests that the level of effectiveness may depend on a variety of conditions that research to date cannot fully explain.


To explore the extent to which components of composite end points in randomised controlled trials vary in importance to patients, the frequency of events in the more and less important components, and the extent of variability in the relative risk reductions across components. Data sources Cardiovascular randomised controlled trials published in the Lancet, Annals of Internal Medicine, Circulation, European Heart Journal, JAMA, and New England Journal of Medicine, from 1 January 2002 to 30 June 2003. Component end points of composite end points were categorised according to importance to patients as fatal, critical, major, moderate, or minor. Of 114 identified randomised controlled trials that included a composite end point of importance to patients, 68% (n=77) reported complete component data for the primary composite end point; almost all (98%; n=112) primary composite end points included a fatal end point. Of 84 composite end points for which component data were available, 54% (n=45) showed large or moderate gradients in both importance to patients and magnitude of effect across components. When analysed by categories of importance to patients, the most important components were associated with lower event rates in the control group (medians of 3.3-3.7% for fatal, critical, and major outcomes; 12.3% for moderate outcomes; and 8.0% for minor outcomes). Components of greater importance to patients were associated with smaller treatment effects than less important ones (relative risk reduction of 8% for death and 33% for components of minor importance to patients).


Setting 2509 general practices in 56 primary care trusts in England; 32 walk-in centres within 3 km of one of these practices. Main outcome measure Waiting time to next available general practitioner appointment (April 2003 to December 2004), from national monthly primary care access survey. Results The percentage of practices achieving the target waiting time of less
than 48 hours to see a general practitioner increased from 67% to 87% over the 21 month study period (adjusted odds ratio 1.07 (95% confidence interval 1.06 to 1.08) per increase in month). Achievement of the waiting time target decreased with increasing multiple deprivation (0.57 (0.49 to 0.67) for most versus least deprived third) and increased with increasing practice population size (1.02 (1.00 to 1.04) per 1000 increase). No evidence was found that increasing distance from a walk-in centre was associated with decreasing odds of achieving the waiting time target (1.00 (0.99 to 1.01) per km increase). Increasing “exposure” to a walk-in centre, modelled with a distance decay function based on attendance rates, also showed little evidence of association with achievement of the waiting time target (1.02 (0.97 to 1.08) for interquartile range increase). No evidence existed that the rate of increase in achieving the 48 hour target over time was enhanced by proximity or “exposure” to a walk-in centre. Results were similar when the analysis was rerun with data for 2003 only (done because pressure in 2004 to meet the government’s deadline might have led to other changes that could have masked any walk-in centre effect). Conclusions No evidence existed that walk-in centres shortened waiting times for access to primary care, and the results do not support the use of walk-in centres for this purpose.


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CRITICAL REVIEW


Vivid descriptions of reactions to traumatic events span many centuries, although their nature has changed over time.1 Post-traumatic stress disorder was first recognised as a diagnosable psychiatric disorder in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III)2 and ICD-10 (International Classification of Diseases, 10th edition).2 Its very existence continues to attract debate, with several authors arguing that culturally determined, understandable emotions to traumatic events are being pathologised.2 However, even its most ardent critics are more concerned by overdiagnosis...


Few ill health situations are more degrading to people of any age than loss of reasoning, faculties, and personhood. These are the unpleasant consequences of delirium—a common condition affecting ill older people, particularly those with some degree of dementia. It is characterised by recent onset of fluctuating inattention and confusion, linked to one or more triggering factors.

PRACTICE

(Since these articles has no abstract, we just provided an extract of the first 150 words of the full text and any section headings)


A 58 year old female smoker presents with a complaint of dyspnoea associated with chronic cough and sputum production during the winter months. Her general health is good. She recently took early retirement to spend more time with her grandchildren but found that she is too breathless to lift and carry them or to look after them safely in the park. What issues you should cover Chronic obstructive pulmonary disease (COPD) is largely caused by smoking and is characterised by progressive, partially reversible airflow obstruction, systemic manifestations (skeletal muscle dysfunction, depression, and secondary polycythaemia), and increasing frequency and severity of exacerbations.


I am a 27 year old French woman and have lived in London since 2002. I came here to learn English, to meet people from other countries and to work. I had never been ill in my life, never been allergic to anything, and had no worries about my health. In February 2003, on holiday in France, I had severe diarrhoea. After a few days, I was admitted to hospital with peritonitis. A few weeks later I was diagnosed with Crohn’s disease. It changed my life completely. I spent three months in hospital during the winter months. Her general health is good. She recently took early retirement to spend more time with her grandchildren but found that she is too breathless to lift and carry them or to look after them safely in the park. What issues you should cover Chronic obstructive pulmonary disease (COPD) is largely caused by smoking and is characterised by progressive, partially reversible airflow obstruction, systemic manifestations (skeletal muscle dysfunction, depression, and secondary polycythaemia), and increasing frequency and severity of exacerbations.


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Information technology tools, such as those used to calculate drug doses and infusion rates, can help reduce adverse events and prevent errors. Drug dosages for children are usually calculated on the basis of weight. Calculations are especially prone to error and delay in crisis situations such as resuscitation. In such settings, computer-based tools may improve clinical care, although human error can still occur, as illustrated by this case report. A 3 month old infant who arrived at the emergency department of a small regional hospital had clinical signs of meningococcal sepsis with petechiae, purpura, and shock. The infant was subsequently transferred to our pediatric intensive care unit.