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Fatal myocardial infarction in women receiving tamoxifen

Tamoxifen is widely used in the management of breast cancer and it may have a role in the prevention of the disease. However, little is known about the effects of prolonged antioestrogenic therapy. On p 435 McDonald and Stewart analyse the cause of death in 451 postmenopausal women with breast cancer randomised to receive either tamoxifen for five years or no tamoxifen unless a relapse occurred. The number of deaths attributable to acute myocardial infarction in the observation arm was significantly higher than that in the treatment arm. These data suggest that tamoxifen has a cardioprotective oestrogenic effect in these women.

Health care and survival with bladder cancer

Geographical variation in survival has been reported for several cancers. One explanation might be that the quality of health care varied sufficiently to influence survival. Gulliford *et al* (p 437) investigated whether length of delay before treatment, type of surgeon, or use of major treatment modalities were factors which accounted for variation in survival of 574 men with bladder cancer. Ten patient characteristics were used to adjust survival analyses for case severity. Treatment with a short delay was associated with a worse outcome because severe cases were selected for early treatment. Most patients were treated by consultants; trainee surgeons treated less severe cases. Allocations to main treatments were also strongly influenced by case severity. The authors conclude that variations in these health care characteristics probably did not account for variation in survival with bladder cancer, which was mainly explained by the severity of the underlying disease.

Cervical screening since new GP contract

The new general practitioner contract was introduced at a time when most areas in the United Kingdom were still actively engaged in developing their computerised call and recall systems for cervical screening. On page 447 Reid *et al* report the changes in population coverage for cervical screening in Perth and Kinross, where patient lists have been fully computerised since 1989 and a call programme had already been completed before the introduction of the new contract. Coverage for cervical smear testing in women aged 21-60 had increased in every practice six months after the introduction of the new contract, and there was a move towards women preferring to have smears taken at their general practice. The authors conclude that the target system seems to have been instrumental in improving population coverage for cervical smear testing but suggest improvements that are needed to ensure continuation of an efficient screening service.

Prevention of osteoporosis and hip fracture

Hip fracture, particularly in elderly women, is an important cause of morbidity and contributes greatly to health care costs. On p 453 Law *et al* discuss strategies that could help reduce the loss of bone density that occurs with age and makes people susceptible to hip fracture. On the basis of their review of the literature worldwide they conclude that screening procedures by measurement of bone density would have little effect and that preventive measures in the whole population, but directed particularly towards women, would be much more beneficial. Physical activity is the most important factor. Stopping smoking before the menopause would reduce a woman's risk of hip fracture by a quarter. Hormone replacement therapy halves the risk of hip fracture, but it would need to be continued indefinitely as the protective effect is lost within a few years of stopping treatment. All these measures are also of more general benefit to health.

H influenzae type b invasive disease

Large scale introduction of vaccines against *Haemophilus influenzae* type b is being considered in the United Kingdom. On p 441 Howard *et al* report the results of a prospective, population based study in Wales to examine the epidemiology of invasive disease caused by the organism. They underline the potential value of immunisation, showing an incidence of type b infections in children aged under 5 years in four Welsh counties 12-44% higher than recorded previously in the United Kingdom and that cases have been occurring consistently at levels equivalent to the upper rate for at least 11 years in one county. Combined ampicillin-chloramphenicol resistance in the organism is well established in Wales, indicating that alternative agents should now be used as first line, empirical treatment for childhood meningitis in this region.

GPs' clinical freedom

Society is increasingly expecting doctors to be accountable for their actions and questioning differences in quality of care. This is likely to lead to more standards being set in general practice and elsewhere. Some see this as a restriction of clinical freedom. Others argue that as many GPs do not have time to read published reports and set protocols, standards are needed to ensure that validated consensus management procedures are adopted by all. On p 450 O'Dowd and Wilson argue that although GPs need to be able to use their common sense in applying standards, without standards we will not be able to guarantee patients a minimum level of care whichever doctor they consult or prove that resources are being used effectively. Nevertheless, it is important to ensure that standards are not used to ration care and that a fair method exists to enforce their adoption.