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EDITOR'S CHOICE



As beds have decreased in the NHS and throughput of patients has risen doctors have speculated on the effects of earlier discharge on readmission rates. After a careful analysis Dr Clarke and colleagues suggest in this week's audit section that readmission rates are misleading as a measure of outcome and should not be used (p 1134). Almost as intractable as the problem of finding robust outcome measures is that of junior doctors' hours. Two correspondents from Denmark

warn of the dangers of fixed working weeks and large overtime payments: hospitals can't afford the overtime, so juniors spend their ample time off moonlighting through Europe, missing out on training and clinical experience (p 1159). Another European model—this time for forensic services—comes in for criticism in the correspondence columns (p 1160), along with the Nobel committee for having given this year's medical prize to the wrong people (p 1165).