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EDITOR'S CHOICE

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Agism has no doubt contributed to our lamentable lack of knowledge about risk factors for coronary artery disease in elderly people and the tendency to bar people from treatment for heart disease simply on grounds of age. Nick Boon joins the Royal College of Physicians in arguing that age should not be a bar to treatment (p 70), but Robert Beaglehole thinks that mass treatment of risk factors in elderly people should be avoided until we have better evidence (p 69). Meanwhile, new findings from the Whitehall study suggest that reducing cholesterol concentrations in middle aged people will reduce their risk of heart disease even in old age (p 89). Re-examining our prejudices must be the order of the

day in a scientific profession, and audit will help. A group of genitourinary physicians from a London hospital have been auditing their practice and have the courage to "confess" that they have been failing to immunise high proportions of patients at risk of hepatitis B (p 97). Audit might also help with what is becoming an intense argument over general practitioners' right to request radiological examinations (p 121). In response to a recent letter in which two general practitioners complained that they had had a request turned down because of the NHS reforms (22 June, p 1541) several radiologists have written to say that refusing the request was simply good clinical practice.