BMJ

SATURDAY 30 NOVEMBER 1991

BRITISH MEDICAL JOURNAL NO 6814 VOLUME 303 INTERNATIONAL

BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR WEEKLY ISSN 0959-8146 ASTM CODEN: BMJOAE 303 (6814) 1345-1410 (1991)

CONTENTS *pages 1398-1410*

BMJ

EDITOR'S CHOICE

The conviction of two doctors for manslaughter after a 16 year old man died from being given drugs intrathecally that should have been given intravenously has given rise to much debate among doctors, and the debate is reflected in our correspondence columns (p 1399). Many doctors feel that there but for the grace of God go I and that this is a heavy handed way of dealing with a complex problem, but one letter is from Ian Loftus, a medical student whose brother died in similar circumstances. His family was badly handled by the hospital where the mistake happened, and he wants not only guidelines and better education but also a willingness to admit to mistakes when they happen—as they inevitably will. The consensus statement on doctor-patient communication from Toronto (p 1385) should help with this; the central conclusion is that teaching on communication skills should be included in all undergraduate curriculums because there is now strong evidence that such skills can be taught. Improving communication with patients and their relatives is one central way that the quality of health care can be improved, and communication will feature in the conference on raising quality in the NHS being organised jointly by the *BMJ*, BMA, King's Fund, and the new journal *Quality in Health Care* on 18 March 1992 (see advertisement opposite p 1357 (CR edition), p 1367 (GP edition), and p 1393 (international edition)). One of the central aims of the conference will be to bring together all the various groups working in the NHS because only through this coming together are there likely to be substantial improvements in quality.