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So many chances to do better

To some a glass may be half empty, to others it's half full. This week's journal contains several examples of where health services are performing poorly, and many doctors will be excited by the chances that are identified for improving services. Others may be depressed that services are so poor.

The picture with managing bereavement in casualty departments in England and Wales is mixed: in 78 departments immediate services are generally good (although the chance to view the body privately is often denied), but follow up services are poor (p 1207). About 1% of a large series of cervical smears from the Netherlands were badly fixed, and the pathologists reading them were very likely to think them abnormal when they were simply inadequate (p 1224). Meanwhile, a group of ophthalmologists and general practitioners from London discover that ocular disease is common among elderly people in the community and commonly missed (p 1226). But failure with services is not always about things not being done: a Cardiff study shows that many contacts of people with tuberculosis are being screened unnecessarily (p 1213).

All of these failures in health services in developed countries are, however, put into context by the experiences of managing diabetes in Africa (p 1215). The diabetic patients seen in one medical centre in Tanzania (0.2% of the whole population) absorb 8% of the total government health expenditure. If the government asks them to pay for their own treatment—which might be an understandable reaction—many will die.

Another new series—on current developments in cancer—starts this week with Bruce Ponder summarising the important advances in the molecular genetics of cancer (p 1234).

Finally, HIV infection continues to stretch medical thinking: a young British surgeon was last week discovered to be infected with HIV and his patients are being contacted (p 1204); a committee of the British Thoracic Society has produced guidelines on managing patients with HIV and tuberculosis (p 1231); and J K Mason is strongly criticised on the letters pages for his editorial arguing that it is acceptable for people's HIV status to be recorded on police computers (p 1243).

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Editor's Choice