

# BMJ



BRITISH MEDICAL JOURNAL NO 6845 VOLUME 305

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*Instructions to authors appeared in the issue of 4 January 1992*

# BMJ

Editor's  
Choice

## Through abbreviations to wisdom

Abbreviations are an abomination. They make it harder to understand a piece of writing and often confuse readers, who may use the same abbreviations to stand for different things. The journal thus takes a hard line on avoiding abbreviations. But not all of them can be resisted, particularly when people know the abbreviation well but have difficulty remembering its origin—as with DNA and ATP. This week's journal contains articles on two ugly abbreviations: SIFTR (service increment for teaching and research) and QALY (quality adjusted life year).

SIFTR is a dull subject but of vital importance to British medicine. It is the amount of money paid to teaching hospitals for the extra expense incurred in teaching medical students and conducting the medical research associated with medical schools. Cyril Chantler, in an editorial, looks at the development of SIFTR and its current problems (p 71). Colin Smith from Southampton examines the justification for the extra costs (p 97), and a group from King's College Hospital describes its model for distributing the money within the medical school (p 95).

QALYs are better known than SIFTR and must now be familiar to readers. Many doctors have philosophical objections to the idea of trying to quantify the benefits of different medical interventions, but there are also technical problems in measuring them. Joanna Coast describes trying to derive QALYs for six elective surgical procedures (p 87); for three—cataract surgery, inguinal hernia repair, and varicose vein surgery—she could find no published data to help

her. QALYs may founder not because of philosophical objections but simply because of the difficulty of deriving them.

The letters pages are humming this week. Two correspondents suggest that the time has come to abandon teaching vaginal examination to undergraduates, while Linda Cardozo argues that it should be better taught (p 113). A letter from the Netherlands describes 12 patients who experienced chest symptoms (mainly angina) after taking sumatriptan (p 118). The management of breast cancer (p 113) and the benefits of percutaneous endoscopic gastrostomy feeding (p 115) are debated backwards and forwards, and then two correspondents write about the problem of being married to doctors (p 119). One doctor describes the breakdown of his marriage, while Lorna Montgomerie produces 10 excellent rules for surviving life as a junior doctor's spouse. One rule is never to keep meals waiting—you may starve.

Finally, a set of coincidences. N H Naqvi read an item in a recent *BMJ* about medical academics supporting experimentation in animals. Later that day he bought a *BMJ* from 1863 that contained articles on the same subject, including a particularly purple passage describing Magendi operating on a dog, and a schoolgirl from next door came to ask his opinion on animal experimentation. Struck by the coincidence, he sent us an account of the day (p 94), and it arrived on the day that we were finalising last week's editorial on animal research. Statisticians would not be impressed, but we were.