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The fate of some of the motions submitted to the BMA's annual meeting but referred to craft conferences is published facing p 687. (Clinical Research), p 685 (General Practice), and p 697 (other editions). Instructions to authors appeared in the issue of 4 January 1992

The quality of evidence

Schizophrenia is an exasperating disease for patients and their families. Researchers, too, have had a hard time of it over the years, watching their cherished notions of causation come to grief. In their editorial Michael Owen and Peter McGuffin review the success of recent attempts to provide a genetic explanation for the condition (p 664). Although they find the arguments for an important genetic component compelling, defining this component is proving difficult. In another editorial Joseph Alper and Marvin Natowicz examine the attraction of accounting for people's behavioural differences by biological (which includes genetic) explanations. They document some of the past pitfalls of this practice (p 666).

In clinical research the randomised controlled trial is held to be the best defence against error. Such trials were devised when "many people regarded science as a mystery, health care as a benefaction, and professional judgment as unquestionable," according to a working party of the Institute of Medical Ethics (p 699). It's

hardly necessary to say that all this has changed; what's interesting is how pressure for change to the traditional clinical trial has come from people with HIV infection or AIDS. The working party thinks that the changes that they have achieved foreshadow changes in the conduct of clinical trials in other groups of patients.

More clinical trials are probably performed on patients with cancer than on any other group, and writers in the *BMJ* are forever exhorting doctors to perform even more. Coming to their rescue is a new guide to the practical, ethical, and legal problems of introducing new treatments for cancer, enthusiastically reviewed in the books pages by Robert Buckman (p 722). It reproduces a consent form that is the best he's ever read.

Letters in this week's journal continue the debates about coroners' verdicts (p 716) and the quality of medical evidence submitted to courts (p 714), suggesting that these interfaces between medicine and the law are ripe for reform.

BMJ
Editor's
Choice