BMJ

SATURDAY 14 NOVEMBER 1992

BRITISH MEDICAL JOURNAL NO 6863 VOLUME 305 INTERNATIONAL

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BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR WEEKLY ISSN 0959-8146 ASTM CODEN: BMJOAE 305 (6863) 1169-1236 (1992)

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Editor's Choice

Stop discovering and start implementing?

I've heard it said that we would do more to improve medical care if we stopped making discoveries and concentrated on implementing what we already know. The two activities are not of course mutually exclusive, but this extreme statement does highlight a widespread belief that doctors could do more to make sure that what's known is applied. This week's journal illustrates that theme but also shows that implementation may be less than straightforward.

Richard Lilford and others from Leeds show from a randomised controlled trial conducted in antenatal clinics that use of a structured questionnaire for history taking leads to more and better clinical responses than use of the conventional unstructured form (p 1181). A computerised system offered no further improvement. Yet a restrospective study of 2000 women delivering their babies in a district general hospital shows that less than a quarter of the actions dictated by the department's protocols were carried out (p 1184). Again the computer offered no improvement. The common message seems to be that doctors and other health workers need to struggle constantly to improve their performance with "routine" problems.

This certainly applies to postoperative pain relief, which is often badly managed, and a study from Wales shows how the introduction of an acute pain service—and, particularly, regular assessment of pain and more frequent use of intramuscular drugs—led to substantial improvements (p 1187).

The debates on abortion in the first trimester (p 1221) and euthanasia (p 1224) are in full swing in our correspondence columns. Correspondence on euthanasia is in the second, more contemplative, stage, but with both subjects almost all of the many letters we have received have been against voluntary euthanasia and against women having a right to choose abortion in the first trimester—although surveys tend to show most doctors in favour of both. Why is this? Is one side more willing to appear in print or are doctors fibbing in surveys? Whatever the answers, trendsetting Californians have come down against euthanasia in their referendum (p 1175).

Finally, beware fate and phaeochromocytomas. When lecturing on the causes of anxiety psychiatrist Louis Appleby would include phaeochromocytomas and tell his audience that if they saw such a rare thing they should let him know and they could write it up together. His personal view (p 1233) describes what it was like to have one.