



BRITISH MEDICAL JOURNAL NO 6911 VOLUME 307

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The difficulties of avoiding unavoidable deaths

"Avoidable death" is a phrase that has become familiar to readers of medical journals but must sound most peculiar to the uninitiated. It probably creates a Charlie Chaplin style picture of a man stopping to pick a flower as an arrow flies over his head, but in the modern world of accountable health services avoidable deaths are a serious business.

A group from Yorkshire has been auditing deaths from stroke and has concluded that almost a third might have been avoidable—if practitioners had done better with treating hypertension and patients had succeeded in stopping smoking (p 1027). Charles Wolfe in an accompanying editorial observes that the avoidable proportion might have been higher if the authors had looked also at factors like atrial fibrillation, alcohol consumption, and obesity, but he also points out that the inclusion of controls would have allowed more confident conclusions on whether deaths truly were avoidable (p 1020).

In a further paper Philip Bath and others discover that only half of patients discharged from hospital were receiving warfarin despite a diagnosis of atrial fibrillation—and overwhelming evidence that

warfarin will reduce stroke in such patients (p 1045).

Our book supplement similarly contains some doubts about the benefits and understanding of modern medicine. Julian Tudor Hart quotes James McCormick observing that "while the growth of knowledge [in medicine] is remarkable the growth of wisdom has been negligible" (p 1077); while, according to geneticist Steve Jones, "genetics has almost nothing to say about what makes us human" (p 1078). And we don't even, it seems, understand what has been in front of us for centuries: patients with chronic respiratory illness describe 89 symptoms, which, observes physician Martyn Partridge, doctors lump together as "breathlessness" (p 1079).

The human side of medicine is brought out wonderfully in our last letter, in which A J Nimmo describes how his father, a medical student at the end of the last century, was nonplussed when a general practitioner asked him to take over and use his "unbooted heel" to reduce a private patient's dislocated shoulder (p 1071). The explanation, it emerged later, was a hole in the doctor's sock and patients' expectations of a high standard of dress.

BMJ

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British Medical Journal.

US second class postage paid at
Rahway, NJ. Postmaster: send
address changes to: BMJ, c/o
Mercury Airfreight International
Ltd Inc, 2323 Randolph Avenue,
Avenel, NJ 07001, USA.
US (direct) subscription \$250.00.

Published by the proprietors,
the British Medical Association,
Tavistock Square, London WC1H
9JR. Printed by BPC Magazines
(Milton Keynes) Ltd, Milton Keynes.
Typesetting by Bedford Typesetters
Ltd, Bedford. Registered as a
newspaper.