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# BMJ

## Editor's Choice

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## More insights into the importance of birth weight

Evidence of the crucial importance of health in fetal and neonatal life on subsequent health continues to grow, and this week's journal contains two new contributions. Several studies have found that low birth weight is associated with hypertension in adult life, but a group from Rotterdam shows today that high birth weight may also be associated with higher blood pressure in children (p 1451). In these studies the aim must eventually be to move on from birth weight to more precise measures of what it is in prenatal life that matters so much in postnatal life.

In another study a Newcastle group shows not only that children in deprived areas have lower birth weight and are shorter than children in wealthier areas but also that children in cities weigh less at birth and are shorter than those in rural areas even when deprivation is allowed for (p 1558). These consistent differences might be caused by environmental factors, lifestyle differences, differences in maternal health accumulated over years, or selective migration.

Governments are very interested in the rates at which general practitioners refer patients for specialist care because such referrals have a major influence on the costs of health care. Many people have suspected that at least some of the wide variation in referral rates may be accounted for by inappropriate referrals, but a study on p 1467 shows that inappropriate referrals do not explain the variations. The paper also suggests that guidelines on referring, far from reducing rates, might

increase them. Another study shows that feedback to general practitioners on their referral rates did not impress them—partly because they suspected the quality of the data (p 1465). An accompanying editorial argues (p 1438) that general practitioners must eventually pay attention to data on referral rates because “for every case referred without benefit to the patient's health there is an opportunity cost for others.”

Editors love debate and to receive lots of letters in response to articles. We may forget, however, that those many people—including doctors and politicians—who do not have a vested interest in ignorance and confusion as we do would probably prefer a world in which much more was better understood and beyond debate. Thus those doctors who are having to decide whether to start patients with atrial fibrillation on anticoagulants (p 1492) and who are trying to persuade patients to enter trials (p 1494) will not be pleased with the full flowing debate on these two issues—but we love it.

Finally, George Dunea reports on the discovery that many people have extremely low ATP levels and that such low levels correlate well with long lunches and protracted tea breaks (p 1501). George notes that low ATP medics become addicted to computers—partly because they don't smell or talk back—and so excel at reviewing peers and quality assurance—“provided that the parking lot is near enough to their office.”