



Gambling with the nation's health, p 828



Diabetes and self care, p 819



What would you do, doctor? p 853



Living in a box, p 856

EDITORIALS

- 807 Improving outcomes in pregnancy**
What are the implications of first trimester fetal growth and racial origin, asks John P Newnham
»Research pp 833, 836
- 808 NHS walk-in centres**
They do not have a meaningful impact on the demand for general practice, says Chris Salisbury
»Research p 838
- 809 Palliative care in the community**
UK programme shows promise but services also need adequate investment, argue Daniel Munday and Jeremy Dale
- 810 Pathological gambling in Parkinson's disease**
Patients often are in substantial debt before the problem is recognised, says Sui H Wong and Malcolm J Steiger
- 811 Regulation of opioid prescribing**
Over-regulation compromises doctors' ability to treat pain, says Jane C Ballantyne

LETTERS

- 813 Chlamydia screening; coronary artery disease**
- 814 Transparency in NICE; Clostridium difficile; institutional racism; intimate partner violence**

NEWS

- 815 DH considers how to make NHS more independent**
Benefits of IT programme are "unclear"
- 816 New approach to surgical care to improve recovery**
Aspirin reduced risk of cancer in large US study
- 817 Three Russian doctors face trial for vaccine tests**
Zimbabwean doctors call for support
- 818 Health secretary to review career reform plan**
Woman loses battle to use her frozen embryos
- 819 Dutch doctors told to wait for HPV vaccine advice**
People with diabetes need information on self care
- 820 Future of historic paintings is uncertain**
US travel restrictions on HIV positive people
- 821 England's new research funding system leaves some branches of psychiatry out in the cold**
- 822 SHORT CUTS**
What's new in the other general journals

FEATURES AND HEAD TO HEAD

- 824 MTAS: where are we now?**
As the UK's medical training fiasco continues, Colleen Shannon takes a detailed snapshot of where trainees currently stand
- 826 Should you tell patients about beneficial treatments that they cannot have?**
Robert Marcus believes doctors have a duty to tell patients about unfunded drugs, but John Firth argues that it will cause them harm

- 828 Gambling with the nation's health**
Decisions about building casinos in the UK have not given enough weight to the potential health effects, argue John Middleton and Farid Latif

OBSERVATIONS

BORDER CROSSING

- 830 A better way to die**
Tessa Richards

ANALYSIS

- 831 When professional opinion is not enough**
Surgical resection of pulmonary metastases in patients with colorectal cancer is common practice, but Tom Treasure, Martin Utley, and Ian Hunt question the strength of evidence behind the advice from NICE

RESEARCH, CLINICAL REVIEW, AND PRACTICE

See next page

VIEWS AND REVIEWS

PERSONAL VIEW

- 853 What would you do, doctor?**
Daniel K Sokol

COLUMNISTS

- 854 Home alone** Des Spence
Doing medicine Trisha Greenhalgh
- 855 Where are all the blighters?** Theodore Dalrymple

MEDICAL CLASSICS

- 855 The citadel** Marcos Martinez Del Pero

REVIEW OF THE WEEK

- 856 Living in a box**
David Woods

OBITUARIES

- 857 John Swanson Beck, John Brittain, Benjamin Anthony Gwynne Jenkins, Harold Ian Jory, Frank McLaren McGown, John Neilson**

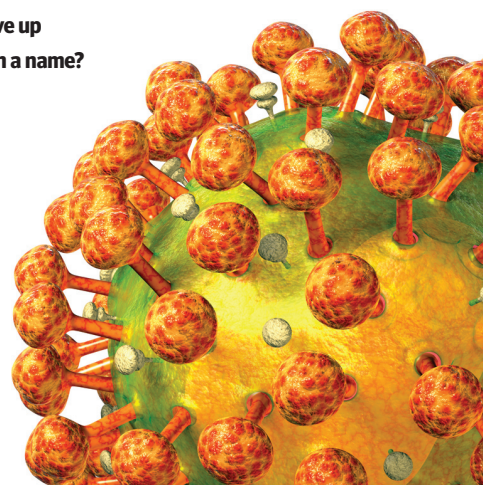
MINERVA

- 858 Weight lifting during dialysis, and other stories**

FILLERS

- 850 Don't give up**
- 852 What's in a name?**

US travel and HIV, p 820





Healthy fetal growth, pp 833, 836



Impact of NHS walk-in centres, p 838



Delirium in older people, p 842



GP Masterclass: asthma, p 847

RESEARCH

833 **Racial variation in the association between gestational age and perinatal mortality: prospective study**

When compared with white mothers' babies, the risk of perinatal mortality is highest in South Asian women's babies at all gestations

» *Editorial p 807*

Imelda Balchin, John C Whittaker, Roshni Patel, Ronald F Lamont, Philip J Steer

836 **Fetal growth in early pregnancy and risk of delivering low birth-weight infant: prospective cohort study**

Among mothers with known dates of conception, babies' birth weights were strongly associated with fetal growth in the first trimester

» *Editorial p 807*

R Bukowski, G C S Smith, F D Malone, R H Ball, D A Nyberg, C H Comstock, G D V Hankins, R L Berkowitz, S J Gross, L Dugoff, S D Craig, I E Timor-Tritsch, S R Carr, H M Wolfe, M E D'Alton, for the FASTER Research Consortium

838 **Impact of NHS walk-in centres on primary care access times: ecological study**

Among more than 2500 English practices and 32 walk-in centres there was no evidence that having a centre locally altered waiting times to see GPs in practices

» *Editorial p 808*

Ravi Maheswaran, Tim Pearson, James Munro, Moyez Jiwa, Michael J Campbell, Jon Nicholl

841 **BMJ updates**

Living with a smoker increases non-smokers' mortality

CLINICAL REVIEW

842 **Delirium in older people**

John Young, Sharon K Inouye

PRACTICE

847 **Asthma**

A BMJ Masterclass for GPs

Hilary Pinnock, Rupal Shah

851 **Information technology cannot guarantee patient safety**

A lesson of the week

Saskia N de Wildt, Ron Verzijden, John N van den Anker, Matthijs de Hoog

LATEST RESEARCH ONLINE

Effect of administration of intestinal anthelmintic drugs on haemoglobin: systematic review of randomised controlled trials

Anjana Gulani, Jitender Nagpal, Clive Osmond, H P S Sachdev

Telemonitoring or structured telephone support programmes for patients with chronic heart failure: systematic review and meta-analysis

Robyn A Clark, Sally C Inglis, Finlay A McAlister, John G F Cleland, Simon Stewart

Oral decontamination for prevention of pneumonia in mechanically ventilated adults: systematic review and meta-analysis

Ee Yuee Chan, Annie Ruest, Maureen O Meade, Deborah J Cook

Tonsillectomy versus watchful waiting in recurrent streptococcal pharyngitis in adults: randomised controlled trial

Olli-Pekka Alho, Petri Koivunen, Tomi Penna, Heikki Teppo, Markku Koskela, Jukka Luotonen

Side effects of phenobarbital and carbamazepine in childhood epilepsy: randomised controlled trial

Selina H Banu, Moshrat Jahan, Umme Kulsum Koli, Saadia Ferdousi, Naila Z Khan, Brian Neville



ON THE COVER

Fetal growth: when and why does it go wrong?

See Editorials and Research, pp 807, 833, 836

COVER IMAGE: REX

PLUS

In this week's BMJ careers

Life before the mast
Show and tell: anatomy demonstrating
Trade secrets: pathology
Fifteen minute interview with an Afghan hospital medical director

EDITOR'S CHOICE

Straight thinking

In this week's Lesson of the Week, a glitch with a handheld computer caused a sick baby to get seven times the right dose of noradrenaline (p 851). But, according to a new book by Jerome Groopman reviewed this week (p 856), most medical mistakes are down to the way we think and not how we use technology.

"Attribution errors," "availability thinking," "anchoring," "diagnosis momentum," "search satisfaction," and "vertical line thinking"—you may not like the jargon, but you'll almost certainly recognise the behaviour it describes and the types of mistake that can follow. Groopman calls for us to put technology (and evidence based medicine) in its place and to get back to the patient's story.

Technology has no place when it comes to making the crucial distinction between delirium and dementia, say John Young and Sharon Inouye in their Clinical Review (p 842). There's no test for delirium, so diagnosis relies entirely on clinical skill and, in particular, on obtaining a proper history of recent deterioration and identifying clouding of consciousness. Delirium is the commonest complication of hospital admission for older people but is missed in more than half of patients, leaving many languishing under the potentially disastrous catch-all label of "confused elderly patient." What makes the diagnosis crucial, of course, is that delirium is usually reversible once identified, but, even more important, say the authors, is that it's preventable in more than a third of patients. The "hospital elder life programme," developed at Yale, is one effective approach.

There are other calls for clear thinking this week. Tom Treasure and colleagues scorn the muddled guidance for resection of lung metastases in people with colorectal cancer, which they say has been extrapolated from weak evidence of benefit from resection of liver metastases (p 831). They say that this level of clinical uncertainty justifies a randomised trial. Robert Marcus and John Firth debate whether you should tell your patients about effective treatments they can't have (p 826). Maheswaran and colleagues conclude that walk-in centres don't reduce waiting times in general practice (p 838), and Daniel Sokol asks whether, in these days of patient choice, doctors are wise gatekeepers of medical expertise or unthinking service providers. He explores the ethical ground between telling a patient what you think is best for them and guiding them towards an informed decision (p 853).

Finally, we need to rethink how we deal with death. Medical training is about conquering disease. Death is too often seen as failure, and impending death as our signal to withdraw from the scene. Daniel Munday and Jeremy Dale call for more funding for the United Kingdom's successful gold standards framework for community palliative care (p 809). And, as observed by Tessa Richards (p 830), the new book by Allan Kellehear calls for innovative thinking that puts death back at the centre of our lives.

Fiona Godlee, editor fgodlee@bmj.com

WHAT'S NEW AT THE BMJ GROUP

BMJ Masterclasses introduces an exciting new management series for doctors

Coming soon—Commissioning: the new world for consultants and GPs?

Thursday 28 June 2007

BMA House London

www.bmjmasterclasses.com/management-for-doctors

International Forum on Quality and Safety in Health Care

View keynote speakers broadcast from Barcelona

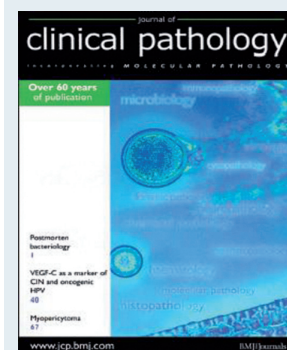
For more information go to barcelona.bmj.com

BMJ Careers Fair

Register for free entry at the BMJ Careers Fair in London or Scotland

www.bmjcareersfair.com

JCP back archive is now freely available



Get free access to all articles over 12 months old from the *Journal of Clinical Pathology* and *Molecular Pathology* right back to Volume 1, Issue 1, which was first published more than 60 years ago. Register today. <http://jcp.bmj.com/contents-by-date.0.shtml>

Visit bmjgroup.bmj.com for all the latest news from the BMJ Group.

BMJ Group

Articles appearing in this print journal are likely to have been shortened. To see the full version of articles go to bmj.com. bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references will be given as w1, w2, etc) of the article and be labelled as extra on bmj.com.



ON THE COVER

Fetal growth: when and why does it go wrong?

See Editorials and Research, pp 807, 833, 836

COVER IMAGE: REX

PLUS

In this week's BMJ careers

Life before the mast
Show and tell: anatomy demonstrating
Trade secrets: pathology
Fifteen minute interview with an Afghan hospital medical director

EDITOR'S CHOICE

Straight thinking

In this week's Lesson of the Week, a glitch with a handheld computer caused a sick baby to get seven times the right dose of noradrenaline (p 851). But, according to a new book by Jerome Groopman reviewed this week (p 856), most medical mistakes are down to the way we think and not how we use technology.

"Attribution errors," "availability thinking," "anchoring," "diagnosis momentum," "search satisfaction," and "vertical line thinking"—you may not like the jargon, but you'll almost certainly recognise the behaviour it describes and the types of mistake that can follow. Groopman calls for us to put technology (and evidence based medicine) in its place and to get back to the patient's story.

Technology has no place when it comes to making the crucial distinction between delirium and dementia, say John Young and Sharon Inouye in their Clinical Review (p 842). There's no test for delirium, so diagnosis relies entirely on clinical skill and, in particular, on obtaining a proper history of recent deterioration and identifying clouding of consciousness. Delirium is the commonest complication of hospital admission for older people but is missed in more than half of patients, leaving many languishing under the potentially disastrous catch-all label of "confused elderly patient." What makes the diagnosis crucial, of course, is that delirium is usually reversible once identified, but, even more important, say the authors, is that it's preventable in more than a third of patients. The "hospital elder life programme," developed at Yale, is one effective approach.

There are other calls for clear thinking this week. Tom Treasure and colleagues scorn the muddled guidance for resection of lung metastases in people with colorectal cancer, which they say has been extrapolated from weak evidence of benefit from resection of liver metastases (p 831). They say that this level of clinical uncertainty justifies a randomised trial. Robert Marcus and John Firth debate whether you should tell your patients about effective treatments they can't have (p 826). Maheswaran and colleagues conclude that walk-in centres don't reduce waiting times in general practice (p 838), and Daniel Sokol asks whether, in these days of patient choice, doctors are wise gatekeepers of medical expertise or unthinking service providers. He explores the ethical ground between telling a patient what you think is best for them and guiding them towards an informed decision (p 853).

Finally, we need to rethink how we deal with death. Medical training is about conquering disease. Death is too often seen as failure, and impending death as our signal to withdraw from the scene. Daniel Munday and Jeremy Dale call for more funding for the United Kingdom's successful gold standards framework for community palliative care (p 809). And, as observed by Tessa Richards (p 830), the new book by Allan Kellehear calls for innovative thinking that puts death back at the centre of our lives.

Fiona Godlee, editor fgodlee@bmj.com

WHAT'S NEW AT THE BMJ GROUP

BMJ Masterclasses introduces an exciting new management series for doctors

Coming soon—Commissioning: the new world for consultants and GPs?

Thursday 28 June 2007

BMA House London

www.bmjmasterclasses.com/management-for-doctors

International Forum on Quality and Safety in Health Care

View keynote speakers broadcast from Barcelona

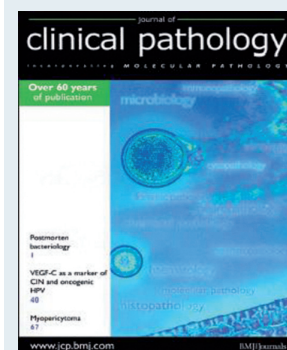
For more information go to barcelona.bmj.com

BMJ Careers Fair

Register for free entry at the BMJ Careers Fair in London or Scotland

www.bmjcareersfair.com

JCP back archive is now freely available



Get free access to all articles over 12 months old from the *Journal of Clinical Pathology* and *Molecular Pathology* right back to Volume 1, Issue 1, which was first published more than 60 years ago. Register today. <http://jcp.bmj.com/contents-by-date.0.shtml>

Visit bmjgroup.bmj.com for all the latest news from the BMJ Group.

BMJ Group

Articles appearing in this print journal are likely to have been shortened.
To see the full version of articles go to bmj.com.
bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references will be given as w1, w2, etc) of the article and be labelled as extra on bmj.com.