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Bernard Crump says yes; Seth Landefeld and colleagues say no

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RESEARCH, CLINICAL REVIEW, AND PRACTICE

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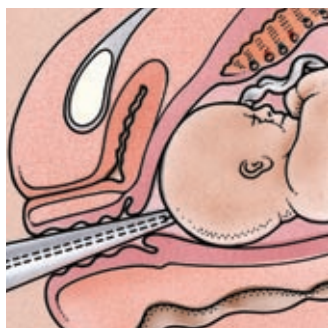
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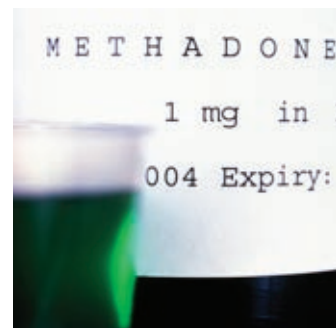
Analysing fetal scalp blood to manage intrapartum fetal distress, p 1284



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Clinical review: Diagnosis and management of hypocalcaemia, p 1298



Pregnancy plus: Pregnancy and injecting drug use, p 1303

RESEARCH

1284 Determination of pH or lactate in fetal scalp blood in management of intrapartum fetal distress: randomised controlled multicentre trial

Acidaemia at birth, operative interventions, low Apgar scores at five minutes, and admissions to neonatal intensive care units did not differ significantly for the two methods of analysing scalp blood
E Wiberg-Itzel, C Lipponer, M Norman, A Herbst, D Prebensen, A Hansson, A-L Bryngelsson, M Christoffersson, M Sennström, U-B Wennerholm, L Nordström

» Editorial p 1257

1287 Doctors' versus patients' global assessments of treatment effectiveness: empirical survey of diverse treatments in clinical trials

In 240 trials included in Cochrane systematic reviews doctors' and patients' global assessments of treatment effects—increasingly used as study end points—mostly agreed

Evangelos Evangelou, Georgios Tsianos, John P A Ioannidis

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1290 Patients' attitudes to the summary care record and HealthSpace: qualitative study

In more than 100 semistructured individual interviews and seven focus groups in relatively deprived parts of England the public were mostly positive about the summary care record and negative about HealthSpace
Trisha Greenhalgh, Gary W Wood, Tanja Bratan, Katja Stramer, Susan Hinder

1295 Befriending carers of people with dementia: randomised controlled trial

Access to voluntary befriending made no difference to carers' mood or health related quality of life after 15 months

Georgina Charlesworth, Lee Shepstone, Edward Wilson, Shirley Reynolds, Miranda Mugford, David Price, Ian Harvey, Fiona Poland

» Editorial p 1260

CLINICAL REVIEW

1298 Diagnosis and management of hypocalcaemia

Mark S Cooper, Neil J L Gittoes

PRACTICE

1303 Pregnancy plus: Pregnancy and injecting drug use

Injecting drug use has adverse effects on pregnancy and perinatal outcomes. Methadone treatment improves birth rate but carries a risk of neonatal abstinence syndrome; withdrawal of methadone during pregnancy is not recommended

James Bell, Lucy Harvey-Dodds

1306 Guidelines: Management of type 2 diabetes: updated NICE guidance

This is one of a series of *BMJ* summaries of new guidelines, which are based on the best available evidence; they will highlight important recommendations for clinical practice, especially where uncertainty or controversy exists

Philip Home, Jonathan Mant, Jose Diaz, Claire Turner, on behalf of the Guideline Development Group

1308 Commentary: Controversies in NICE guidance on management of type 2 diabetes

Stephen Atkin, Christopher Walton

RESEARCH PUBLISHED AHEAD OF PRINT

Adherence to Mediterranean diet and risk of developing diabetes: prospective cohort study

BMJ, doi:10.1136/bmj.39561.501007.BE

M Á Martínez-González, C de la Fuente-Arrillaga, J M Nunez-Cordoba, F J Basterra-Gortari, J J Beunza, Z Vazquez, S Benito, A Tortosa, M Bes-Rastrollo

Prolonged conservative care versus early surgery in patients with sciatica caused by lumbar disc herniation: two year results of a randomised controlled trial

BMJ, doi:10.1136/bmj.a143

Wilco C Peul, Wilbert B van den Hout, Ronald Brand, Ralph T W M Thomeer, Bart W Koes, for the Leiden-The Hague Spine Intervention Prognostic Study Group

CARBON REDUCTION AND HEALTH

A guide to reducing the footprint of the health sector

A joint meeting organised by the *BMJ*, Royal College of Paediatrics and Child Health, and Faculty of Public Health

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CARL COURT/PA WIRE/PA PHOTOS

PICTURE OF THE WEEK

Terminally ill patient Jon Matthews, who has mesothelioma, has just collected £5000 from the bookmakers after betting against his doctor's prognosis that he would be dead in a few months. The 58 year old from Milton Keynes, bet £100 that he would still be alive on 1 June 2008. Bookmakers William Hill said it was the first time they had taken a bet of this kind. Spokesman Graham Sharpe said: "We gave him odds of 50/1. We didn't devote hours of research time—obviously we don't have any medical knowledge and didn't see his medical records. He wanted to give himself an incentive to battle his illness." Mr Matthews has placed the same bet with William Hill to live another 12 months.

THE WEEK IN NUMBERS

30-50 µl Volume of fetal scalp blood needed for the analysis of pH (Research p 1284)

18% Prevalence of hypocalcaemia in all patients in hospital (Clinical Review p 1298)

55-94% Proportion of infants born to opioid dependent women who show signs of neonatal abstinence syndrome of varying severity (Practice p 1303)

>£17bn Cost of care of people with dementia in the United Kingdom per year (Editorial p 1260)

37 200 Number of people in England waiting more than 13 weeks for hospital treatment at the end of April 2008 (News p 1266)

THE WEEK IN QUOTES

"We have consigned cluster bombs to the dustbin of history and stigmatised their use." (News p 1268)

"Rather than providing services of world beating quality, there's enough comparative data from similar countries to judge the NHS's outcomes of care as distinctly average (or worse)" (Analysis p 1278)

"Most people were positive about the SCR [summary care record] ... Few were unequivocally in favour of the idea" (Research p 1290)

"If you are uncertain how to invest your money amid falling house prices, buy shares in CAM [complementary and alternative medicine] products." (Review of the Week p 1311)

EDITOR'S CHOICE

Complexity theory



Research, p 1290

The American journalist H R Mencken reputedly wrote that for every problem there's an easy solution and it's "neat, plausible, and wrong." I say reputedly because I haven't been able to check the original source—the BMA Library's copy of *The Divine Afflatus* is out on loan.

The deep cleaning programme forced onto English hospitals might be a good example of such a solution. This week we publish a news story that suggests we should be looking again at overuse of antibiotics and the resulting problem of resistance (p 1266), echoing the message of a report we published last week (31 May, p 1210).

Could that be the answer, rather than bringing back matron to tyrannise the outsourced cleaning staff? Does that mean that the high bed occupancy and throughput rates in English NHS hospitals are irrelevant to the surge in hospital acquired infections, which apparently dates from the mid-1990s?

My point is that the NHS is a truly complex system, and it's hard to work out cause and effect with any confidence. Interventions that should work don't always do so as intended. For example, three emeritus professors of general practice review the recent healthcare reforms and detect some harmful unintended consequences for primary care (p 1310). That's the effect that "simplistic and unpiloted measures" are likely to have in a complex organisation like the NHS, argue the authors.

This may be the point at which to read Alan Shiell, Penelope Hawe, and Lisa Gold's differentiation of complex interventions from complex systems (p 1281). Evaluating complex interventions is a doddle beside the challenges of evaluating the effects of interventions on complex systems. In complex systems "everything is interconnected,

changes in one part of the system feed through to other parts of the system and feed back on themselves." Attributing causality is difficult.

I was impressed when I came across a table in Sheila Leatherman and Kim Sutherland's recent evaluation of 10 years' quality initiatives in the NHS. It lists 24 substantial interventions that have been introduced by the government since 1997 (p 1278). It can leave no one in doubt that the Blair government was serious about putting quality at the heart of the NHS. Yet, if another country wanted to follow the UK's lead, what would the government say to it if asked whether a particular intervention had achieved its desired effect? Leatherman and Sutherland imply that the government wouldn't have a clue. But shouldn't each intervention have been properly piloted and introduced only if there was clear evidence that its benefits outweighed its costs and harms? That's the question debated in this week's head to head (p 1276).

Alan Shiell and colleagues remind us that the human body is also a complex system and therefore likely to behave in a non-linear fashion, so that change in outcome is not proportional to change in input. This insight comes too late to help celebrity surgeon Samuel Jean de Pozzi, who lay dying from a gunshot wound, in 1918—shot by a patient who had become impotent after Pozzi had amputated his leg (p 1313). Thus Pozzi joined that "small number of eminent doctors" to die in such circumstances. His magnificent portrait, by John Singer Sargent, is in Los Angeles.

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