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377 What factors predict differences in infant and perinatal mortality in primary care trusts in England? A prognostic model The burden of avoidable deaths remains largely with deprived communities and ethnic minorities, and trusts' spending on maternity services play no obvious role Nick Freemantle, J Wood, C Griffin, P Gill, M J Calvert, A Shankar, J Chambers, C MacArthur

381 Quality of care in for-profit and not-for-profit nursing homes: systematic review and meta-analysis

This large review of mostly US homes found that not-for-profit facilities had more or higher quality staffing and lower prevalence of pressure ulcers Vikram R Comondore, P J Devereaux, Qi Zhou, Samuel B Stone, Jason W Busse, Nikila C Ravindran, Karen E Burns, Ted Haines, Bernadette Stringer, Deborah J Cook, Stephen D Walter, Terrence Sullivan, Otavio Berwanger, Mohit Bhandari, Sarfaraz Banglawala, John N Lavis, Brad Petrisor, Holger Schünemann, Katie Walsh, Neera Bhatnagar, Gordon H Guyatt *» Editorial, p 356*

385 Comparison of direct and indirect methods of estimating health state utilities for resource allocation: review and empirical analysis When allocating resources policy makers should not mix directly and indirectly measured utilities (individuals' valuations of states of health) because they yield different results

David Arnold, Alan Girling, Andrew Stevens, Richard Lilford *» Analysis, p 371*





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389 *p i c o* Performance evaluation of a new rapid urine test for chlamydia in men: prospective cohort study

Using signal amplification and a device to collect first void urine the Chlamydia Rapid Test yielded sensitivity of 82.6% and specificity of 98.5% and gave results within an hour, so it's a useful test for clinics Elpidio-Cesar Nadala, Beng T Goh, Jose-Paolo Magbanua, Penelope Barber, Alison Swain, Sarah Alexander, Vivian Laitila, Claude-Edouard Michel, Lourdes Mahilum-Tapay, Ines Ushiro-Lumb, Catherine Ison, Helen H Lee

390 *p i c o* Euthanasia and other end of life decisions and care provided in final three months of life: nationwide retrospective study in Belgium
Among nearly 2000 deaths in 2005-2006 medical decisions to shorten life often happened in combination with, rather than in opposition to, specialist multidisciplinary palliative care

Lieve Van den Block, Reginald Deschepper, Johan Bilsen, Nathalie Bossuyt, Viviane Van Casteren, Luc Deliens

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Taryn Bessen, Robyn Clark, Sepehr Shakib, Geoffrey Hughes *» Editorial, p 355*

- **400 Diagnosis in general practice: The injured ankle and foot** Dan Mayer
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THE WEEK IN NUMBERS

£20bn Maximum estimated total cost of the NHS national programme for IT (News, p 361)

16 Number of forms of haemagglutinin glycoprotein, crucial in viruses like A/H1N1 (Feature, p 368)

98.5% Specificity of a new rapid urine test for chlamydia in men (Research, p 389)

60-80 Number of patients among every 1000 registered with a GP who will have symptoms of chronic neuropathic pain (Clinical Review, p 391)

£9bn Estimated amount spent per year by the NHS on mental health services (Personal View, p 405)

PICTURE OF THE WEEK

As part of this week's Edinburgh Fringe Festival, librarian Iain Milne and college historian Morrice McCrae will present their favourite 18th century books and manuscripts from the Sibbald Library at the Royal College of Physicians of Edinburgh. In the Wellcome Trust backed event, the pair will discuss some of the colourful personalities and practices of the period recorded in the library's outstanding collection.

Enlightenment Evidence takes place at 11 am on 15 August and 17-21 August.

Milne and McCrae discuss one particular Enlightenment clinician, Scottish doctor James Young Simpson, in the *BMJ* online archive video series. Young Simpson discovered the anaesthetic properties of chloroform and pioneered its use as an aesthetic during surgery. See: http://www.bmj.com/video/ lister.dtl

THE WEEK IN QUOTES

"In Belgium, legalising euthanasia has not led to a high frequency of hastened deaths." (Editorial, p 357)

"Witnesses who have mental health problems in court cases are badly treated by the criminal justice system" (News, p 363)

"Differences in PCT spending do not reliably explain differences in infant and perinatal mortality" (Research, p 377)

"A radiograph is not always needed to exclude an ankle or foot fracture" (Practice, p 396)

"Is it really the fear of debt that prevents children in deprived communities becoming the next Sir Magdi Yacoub?" (Views & Reviews, p 408)

EDITOR'S CHOICE



Editorial, p 355 Practice, pp 396, 400, 402

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How to avoid unnecessary interventions

Continuing our theme that less medicine is more (*BMJ* 2009;338:b2561), several articles in this week's journal seek to help doctors cut rates of unnecessary intervention. Nick Francis and colleagues have evaluated a simple way to reduce reconsulting and prescribing of antibiotics for children with upper respiratory tract infection: an eight page, evidence based booklet used during the consultation and taken home afterwards (p 374). GPs were trained to use the booklet, and children with suspected pneumonia, asthma, or serious concomitant illness were excluded. Parents who received the booklet were less likely to feel the need to consult their GP again under similar circumstances but were equally satisfied with the care they had received.

Deciding who needs treatment or tests and who doesn't is one of medicine's great arts. Clinical judgment will always be needed, but clinical prediction rules can help. As part of our series on diagnosis in general practice, Gavin Falk and Tom Fahey outline some of the limitations of clinical prediction rules (p 402), and Dan Mayer explains how to apply one of the best established set of rules, the Ottawa ankle rules (p 400). These have been shown in several studies to safely reduce the number of people undergoing radiography for ankle and foot injuries, so it's surprising to hear that their use in emergency departments is patchy.

Taryn Bessen and colleagues sought to increase use of the Ottawa ankle rules in two hospitals in Adelaide. They put in place several quality improvement measures, including interviewing staff, identifying champions and opinion leaders, and introducing a new x ray request form (p 396). Their before and after study showed a substantial increase in the use of the rules but only a modest fall in rates of radiography. It turns out that eliminating an established behaviour is far harder than adding a new one.

In his editorial, Richard Thompson wonders if we expect too much from this sort of approach to implementing complex interventions (p 355). Although drug treatments tend to have a stronger evidence base and are easier to implement, they may have only a weak effect in terms of numbers needed to treat. Complex organisational interventions, such as improving uptake of evidence based rules, are far harder to evaluate, but this doesn't mean they're less important.

Avoiding unnecessary intervention makes sense for patients because almost all treatments and tests have the potential to do harm. It also makes sense for health care, especially in times of financial constraint. Nigel Hawkes says we're in for a shock as the financial crisis hits the NHS (p 370). With zero growth from 2011 and an ageing population. "to maintain services the NHS has to do something it has never managed: a sustained increase in productivity over the best part of a decade, at unprecedented rates." Muir Gray thinks the solution for post-crunch health care lies in the medical profession taking a radical stance, demanding better value, lower carbon use, and a 5% reduction in salaries and pensions of its senior members (p 405). Now there's a thought. Fiona Godlee, editor, BMJ fgodlee@bmj.com

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PLUS Career Focus, jobs, and courses appear after p 408

WHAT'S NEW ON BMJ.COM



LATEST RESEARCH

Neuraminidase inhibitors for treatment and prophylaxis of influenza in children These drugs provide a small benefit by shortening the duration of illness in children with seasonal influenza and reducing household transmission, have important harms, and have little effect on asthma exacerbations or the use of antibiotics, according to this fast tracked systematic review and metaanalysis of randomised controlled trials. Their effects on the incidence of serious complications, and on the current A/H1N1 influenza strain, remain to be determined

For the latest on flu from BMJ Group, visit pandemicflu.bmj.com.

Risk of suicidal behaviour with antidepressants strongly linked to age

Adults taking antidepressants are not at greater risk of suicidal thoughts or behaviour, but young adults aged less than 25 years of age are at an increased risk, similar to that seen in children and adolescents, according to this analysis of proprietary data submitted to the US Food and Drug Administration. Listen to lead author Marc Stone talk about the study in this week's BMI podcast.

Prevalence and structural correlates of gender based violence among a prospective cohort of female sex workers

More than half of female sex workers in Canada suffer an alarming prevalence of violence that could be stemmed by decriminalising the sex industry, according to this prospective observational study. See these and other recent research articles at http://www.bmj.com/channels/research.dtl

LATEST COMMENT

Minimally disruptive medicine

A man being treated for heart failure rejects the offer to attend a specialist clinic because in the previous two years he has made 54 visits to similar clinics for consultant appointments, diagnostic tests, and treatment. According to the authors of this analysis paper, this case and others highlight the need for minimally disruptive medicine that seeks to tailor treatment regimens to the realities of patients' daily lives. See this and other recent comment articles at http://www.bmj.com/channels/comment.dtl



LATEST DOC2DOC DISCUSSION

- Would you feel insulted you if you were mistaken for a nurse?
- Richard Lehman: "I'm small and dark and slimy, but people think I'm hot..."
- Should antivirals be prescribed to children? Join these debates and others by registering with doc2doc.bmj.com, BMJ Group's professional networking site for doctors worldwide. Also, don't forget to download You will survive - free e-book for junior doctors

Download You will survive from http://www.doc2doc.bmj.com/

Last week's poll asked:

Do not-for-profit nursing homes provide better care than for-profit ones?

You voted: No: 57 (35%) Yes: 107 (65%)

This week's poll asks:



Should antivirals be given to young people with mild symptoms of A/H1N1?

Submit your vote on bmj.com

LATEST BLOGS

Doctors often fail to recognise that they are bringing their own "personal baggage" into their professional lives, says Joe Collier. This is why some find it hard to communicate with patients who self abuse, are obese, continue to smoke, come from the working class, from ethnic minority communities, or are gay. Grace Tan



suspects she and other medical students are being discouraged from attending scientific conferences. Last week he blogged about living funerals: now Richard Smith wonders if there is a hell and if he is heading there.

loin these debates and others at http://blogs.bmj.com/bmj/

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