# Heart attack patients do better in America's "best" hospitals

Scott Gottlieb, *New York*

Elderly patients who have a myocardial infarction in the United States are more likely to survive if they are admitted to a hospital identified by a popular American magazine as "one of America's best hospitals," according to a study assessing the veracity of the annual ranking (*New England Journal of Medicine* 1999;340:286-99, 309-10).

The study looked at 60 US hospitals that had each been identified at least once in the past three years as one of the top 40 hospitals in cardiology, based on an annual survey published in *US News and World Report*. All 60 of these hospitals were teaching hospitals. The study found that these hospitals had lower death rates than other hospitals for patients admitted with a myocardial infarction. It attributed the decreased mortality at these hospitals to a more liberal and timely use of aspirin and β blockers.

Much of the annual survey by the news magazine is based on a questionnaire sent to doctors. The doctors are asked to nominate the five "best" hospitals in their own specialties. Although the survey traditionally contains many hospitals that are commonly reputed to provide excellent care, the current study is the first to objectively measure the clinical accuracy of its rankings.

The researchers examined Medicare data for 149 177 patients who had had a myocardial infarction; the patients had been treated in 4672 hospitals. Results showed that admission to a top ranked hospital was associated with lower risk adjusted 30 day mortality: 15.6% for the "best hospitals" compared with 18.3% for similarly equipped hospitals not given this ranking. Among patients without contraindications to treatment, significantly more were treated with aspirin (96.2% *v* 88.6%) and β blockers (75.0% *v* 61.8%) at the top ranked hospitals.

"We were not sure why hospitals with the best reputations were more likely to deliver a certain therapy," said Jersey Chan, lead author of the study and a fourth year medical student at Yale University School of Medicine.

Dr Valentin Fuster, president of the American Heart Association, cautioned that other factors that may help explain differences in mortality might not have been detected by the study. □

CUSTOM MEDICAL STOCK PHOTO/SCIENCE PHOTO LIBRARY

Mortality after heart attack is lower in "best" US hospitals

# Inquiry says surgeons should stop operating if patient dies

Bryan Christie, *Edinburgh*

**The Scottish royal medical colleges have been urged to consider issuing advice to surgeons to stop operating for the day when a patient dies on the operating table. It follows an inquiry into the deaths of two patients at Falkirk Royal Infirmary—both were operated on by the same surgeon on the same day.**

The surgeon, Nigel Harris, was cleared of any blame for the deaths, which occurred on 4 November 1997. He said in his evidence to the fatal accident inquiry that he felt able to continue with his list of routine laparoscopic operations after the death of the first patient. However, the eighth and last patient on his list that day also died.

At the inquiry, Professor Sir Alfred Cushieri of Ninewells Hospital, Dundee, who is one of Britain's leading specialists in laparoscopic surgery, said that Mr Harris should have stopped operating after the first death: "My own view is that a death on the operating table of a patient is a harrowing experience for a surgeon. In my view, the surgeon is emotionally and mentally not in the frame of mind to continue to operate that day."

Sheriff Albert Sheenan, who conducted the inquiry, agreed with Sir Alfred's view and recommended that the Scottish royal medical colleges should now consider whether new guidance or advice is needed on the matter.

The Royal College of Surgeons of Edinburgh has already arranged for a conference to be held during this summer to examine the issues raised at the inquiry.

The college's president, Professor Arnold Maran, commented: "We can understand the pressure that single surgeons are under, but I think there would be a very strong feeling that, when a surgeon loses a patient, he should not continue operating that day." □

# UK doctors' revalidation should be linked to registration

Linda Beecham, *BMJ*

A steering group set up by the UK's General Medical Council (GMC) has concluded that an effective system of revalidation can be set up and has recommended that the system should be linked with registration. The group said that using the council's existing performance procedures would be the best way to review a doctor's registration in cases where there is evidence of poor performance.

The group has also recommended that the council should consider extending revalidation to all doctors. More detailed proposals are now being prepared to present to the council in May—after consultation with organisations representing the public, the profession, the government, and healthcare managers—with the aim of achieving a model for revalidation within two years. All of the proposals will be considered by an internal meeting of the council on 10 February, which will include a short public debate and a vote.

The GMC set up the group last year after it had agreed unanimously that specialists and GPs must be able to show that they are keeping up to date and remain fit to practise (21 November 1998, p 1406). The future of professional self regulation was called into question after the Bristol case, in which three doctors were found guilty of professional misconduct (27 June 1998, p 1924). The GMC's president, Sir Donald Irvine, suggested that revalidation was one way of assuring the public that senior doctors are continuing to perform effectively.

In its report the steering group, which included the chairmen of the GMC's main committees and lay members, said that the vast majority of doctors maintain a good standard of professional practice. For them, "revalidation should be an unobtrusive celebration of their commitment and achievement... an open statement that they are worthy of the public's trust." The group believes that revalidation will give patients better protection from doctors who are performing below standard by making sure that concerns about doctors are recognised early.

The group said that revalidation should start locally and reflect performance at work; it thought that examinations would not be appropriate. □



BMJ: first published as 10.1136/bmj.318.7180.349 on 6 February 1999. Downloaded from http://www.bmj.com/ on 18 April 2024 by guest. Protected by copyright.