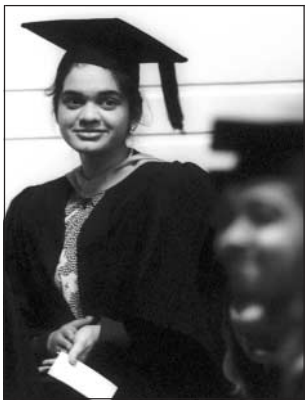

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colleagues (p 1545) found that the most over-represented group in medical schools (Asians in social class 1) are around 600 times more likely to gain a place than the most under-represented group (blacks in social classes IV and V), mainly because very few black students apply. The authors suggest a new index of widening participation—the standardised admission ratio—which reflects both the lower aspirations of non-traditional groups and any discrimination at application stage.

POEM*

Fetal fibronectin does not affect outcomes of preterm labour

Question Does use of fetal fibronectin in management of preterm labour affect age at delivery or rates of interventions?

Synopsis Fetal fibronectin evaluation has been introduced to try to discriminate between women who are more or less likely to deliver preterm on presentation to labour and delivery for symptoms of preterm labour. It has not been shown to influence outcomes. Women at 23 to 34 weeks' gestation were randomised (allocation concealed) to testing of fetal fibronectin (n = 46) or not (n = 51). Fetal fibronectin results were available within approximately one hour to the physicians of the women in the tested group. There were no differences between groups for median gestational age at delivery, hours spent in labour and delivery, rate of inpatient admissions, or use of corticosteroids, antibiotics, or magnesium sulphate. Within the group tested with fetal fibronectin there were significant differences between those with positive and negative test results for more hours spent in labour and delivery and higher rate of inpatient admission among those who tested positive. The observed sensitivity and specificity of fetal fibronectin for birth within seven days was 67% and 79%, respectively. The positive predictive value for delivery within seven days was 18% and negative predictive value was 97%.

Bottom line Use of fetal fibronectin in the assessment of women presenting to labour and delivery units with symptoms of preterm labour does not affect the gestational age at delivery, frequency of use of medical interventions, length of stay in labour and delivery, or rate of inpatient admissions.

Level of evidence 1b (see www.infopoems.com/levels.html). Independent blind comparison of an appropriate spectrum of consecutive patients, all of whom have undergone both the diagnostic test and the reference standard; or a clinical decision rule not validated on a second set of patients.

Lowe MP, Zimmerman B, Hansen W. Prospective randomized controlled trial of fetal fibronectin on preterm labor management in a tertiary care center. *Am J Obstet Gynecol* 2004;190:358-62.

* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

Self pity will destroy you

Today I'm in old fart mode. I'm on my way to Stockton on Tees to don a gown and speak to students of the University of Durham who have completed the first phase of their medical course. In two weeks' time I'll do the same for students at St George's Hospital Medical School. It's an occupational hazard for old farts, particularly for those who venture into print with sententious advice to medical students (*BMJ* 2003;327:1430).

I'm feeling contrite because what I will say to the students is roughly what I've said before, but I'm wondering if I should add a homily on self pity. It is, I've been reflecting, something that can destroy you almost more quickly than anything else and is to be resisted with every fibre of your being. Yet you will be constantly tempted. We are bombarded with opportunities to feel sorry for ourselves. Every day we are misunderstood, overworked, underappreciated, and even abused, and regularly "something unfair" will happen: we will become ill, miss a train, or fail after 15 minutes to get through to BT's complaints department. We may even suspect a conspiracy: "somebody's out to get me."

D H Lawrence recognised the dangers of self pity with lines that we all should remember: "A bird will drop frozen from a bough/Without once having felt sorry for itself." But I learn from today's *Guardian* (21 June, p 1) that even the most powerful man in the world can be infected with self pity. Bill Clinton, whose autobiography is published this week, was consumed with self pity when pursued by prosecutors over his affair with Monica Lewinsky.

Two Africans rescued him. A Rwandan woman described how she had overcome self pity after her husband and six children were hacked to death, and Nelson Mandela, perhaps the greatest leader of the 20th century, told him how he had managed to forgive those who had imprisoned him for 27 years. "I had to let it go," said Mandela. "They took the best years of my life . . . They destroyed my marriage. They abused me physically and mentally. They could take everything except my heart and mind. Those things I would have to give away and I decided not to give them away."

Clinton managed to follow this advice, forgiving his tormentors and resisting self pity. "You do this," he observes, "not for other people but yourself. If you don't let it go it continues to eat at you."

This is the crucial point. Self pity will destroy you, not the people whom you might feel rightly or wrongly are attacking you. BT's complaints department will not care a hoot, and nor will the train you've just missed.

Observant readers will notice that I've become almost religious as I approach editorial extinction. I feel that I have messages to impart, but I will try to resist. Yet fear not: eternal silence is close—untainted by self pity.

Richard Smith *editor rsmith@bmj.com*