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973 Prevalence of depression and anxiety in patients requesting physicians’ aid in dying: cross sectional survey
Among 58 terminally ill Oregonians in this study who received a prescription for a lethal drug one in six had clinical depression, and all three depressed participants died by legal ingestion within two months of the research interview
Linda Ganzini, Elizabeth R Goy, Steven K Dobscha

976 Retrospective analysis of hospital episode statistics, involuntary admissions under the Mental Health Act 1983, and number of psychiatric beds in England 1996–2006
Total admissions fell, case mix shifted towards psychotic and substance misuse disorders with more involuntary admissions, and private facilities increasingly plugged the gap
Patrick Keown, Gavin Mercer, Ian Scott

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Evaluating complex interventions is complicated. The Medical Research Council’s evaluation framework (2000) brought welcome clarity to the task. Now the council has updated its guidance
Peter Craig, Paul Dieppe, Sally Macintyre, Susan Mitchie, Irwin Nazareth, Mark Petticrew

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Ruth R Kipping, Russell Jago, Debbie A Lawlor

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RESEARCH PUBLISHED ONLINE

Prophylactic administration of parenteral steroids for preventing airway complications after extubation in adults: meta-analysis of randomised placebo controlled trials
BMJ, doi:10.1136/bmj.a1841
Tao Fan, Gang Wang, Bing Mao, Zeyu Xiong, Yu Zhang, Xuemei Liu, Lei Wang, Sai Yang

The prevention of progression of arterial disease and diabetes (POPADAD) trial: factorial randomised placebo controlled trial of aspirin and antioxidants in patients with diabetes and asymptomatic peripheral arterial disease
BMJ, doi: 10.1136/bmj.a1840
Jill Belch, Angus MacCuish, Iain Campbell, Stuart Cobbe, Roy Taylor, Robin Prescott, Robert Lee, Jean Bancroft, Shirley MacEwan, James Shepherd, Peter Macfarlane, Andrew Morris, Roland Jung, Christopher Kelly, Alan Connacher, Norman Peden, Andrew Jamieson, David Matthews, Graeme Leese, John McKnight, Iain O’Brien, Colin Semple, John Petrie, Derek Gordon, Stuart Pringle, Ron MacWalter, Prevention of Progression of Arterial Disease and Diabetes Study Group, Diabetes Registry Group, and Royal College of Physicians Edinburgh
400 IU Amount of vitamin D that should be consumed a day by children under 18—recommended by the American Academy of Pediatrics (News, p 953)

4.3 million Number of extra health workers needed by developing countries (Feature, p 960)

655 Rise in the number of NHS dentists last year (Body Politic, p 962)

One in six Proportion of terminally ill Oregonians who received a prescription for a lethal drug and who had clinical depression (Research, p 973)

£23m Current annual cost of treating genital warts in England (Personal View, p 999)

Deaths from cervical cancer in the United Kingdom, shown as standard mortality ratios (SMRs). This is a map from The Grim Reaper’s Road Map, published this week. This atlas analyses almost 15 million death records between 1981 and 2004 to produce a series of maps showing death by cause, sex, and geographical area. (See also Research, p 969; Personal view, p 999)
Larrey’s flying hospital

“Why do people always expect me to talk about what’s wrong in the Middle East?” asked Daniel Barenboim. “This is what’s right with the Middle East,” he answered, indicating the orchestra he’d just been conducting through a programme of Haydn, Schoenberg, and Brahms. The orchestra was the West-Eastern Divan Orchestra, founded by Barenboim and Palestinian academic Edward Said in 1999 and made up of young musicians from Israel, Palestine, and various Arab countries. The goal was to enable a dialogue between the cultures of the Middle East. At the BBC Proms this August, the orchestra received tumultuous applause—for the quality of its playing, certainly, but also for its aspirations.

What’s this got to do with medicine, you might well ask. It’s a question I asked myself during the Schoenberg, as my attention began to wander. What would a medical equivalent of a West-Eastern Divan Orchestra look like? I got as far as thinking it would be a hospital somewhere, staffed by Israeli and Palestinian doctors, training Israeli and Palestinian medical students, and treating Israeli and Palestinian patients. Health care would be the beautiful music they would create together.

A glimpse at the concert programme cut short my reverie. The orchestra is not based somewhere straddling the main Middle Eastern cultures but in Seville. Its very first concert in the Middle East, in Ramallah, Palestine, had to wait until 2005. Far from being accorded any privileged status as artists, the musicians’ association with the orchestra jeopardises their safety—their names had been omitted from the programme at their request.

So, not a promising model for my middle eastern medical institution, I concluded, and I dropped that line of thought as the Brahms began. How arrogant (or just plain stupid) to think I might have anything to offer this afflicted region (p 950).

And then, two months after the concert, I read the blog of Ohad Oren, a fourth year medical student in Israel (http://blogs.bmj.com/bmj/2008/10/21/ohad-oren-ambulances-flying-over-the-middle-east/). During his medical school’s ceremony to mark the transition from the preclinical to the clinical years, Oren found himself reflecting on the life of the French military surgeon Dominique Jean Larrey (1766-1842).

It wasn’t Larrey’s flying ambulances for the speedy evacuation of battlefield casualties or his concept of triage that most impressed Oren. It was his practice of collecting injured enemy soldiers, as well as his own men, and treating them as best he could.

Oren’s musings left him feeling guilty: “I was fully aware of the severe humanitarian crisis on the other side of the border, and I had not even tried to make a difference in the horrible daily scenario faced by the citizens of Gaza.” So he suggests building a hospital on Israel’s side of the border, a few minutes from Gaza, with many nations lending a hand. It would be named Larrey’s Flying Hospital in recognition of the surgeon’s idea for battlefield ambulances.

The final message of Larrey’s story, as Oren points out, is that the life you save may be your own. Although captured by the Prussians at Waterloo, Larrey escaped death. It turned out that one of the soldiers whose lives he had saved was the son of the Prussian Field Marshal. Larrey was treated with respect and allowed safe passage home.

Tony Delamothe, deputy editor, BMJ
tdelamothe@bmj.com

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clinicaledvidence.bmj.com

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PubMed and other indexes.
How effective are steroids in preventing problems related to intubation in critically ill patients? According to this meta-analysis of randomised placebo controlled trials, they reduce the incidence of laryngeal oedema (number needed to treat=10) and the rate of reintubation (NNT=50), with few adverse events. However, an accompanying editorial says that corticosteroids should be given only to patients at high risk of reintubation.

Indicators developed by the United States Agency for Healthcare Research and Quality (AHRQ) can be calculated using English hospital administrative data and may have potential for monitoring patient safety events, according to this case-control analysis and comparison with US data.

Eating quickly until full trebles the risk of being overweight, according to this cross sectional survey of a large sample of adults in Japan. It is not known what prompts the urge to eat larger amounts and more quickly, says the accompanying editorial, but the effects will be particularly notable in children, posing a challenge to the future health of the population.

Find out about these and other recent research studies at bmj.com/channels/research.dtl

Ohad Oren, a fourth year medical student from Israel, blogs about French military surgeon Dominique Jean Larrey (1766-1842), chief surgeon in Napoleon’s army and an important innovator in battlefield medicine. Larrey’s practice of treating injured enemy soldiers, as well as his own men, particularly impresses him, and he wants to “make a difference in the horrible scenario faced by the citizens of Gaza.” His solution? “I suggest a first-time hospital, to be built on Israel’s side of the border with Gaza, with as many nations as possible lending their hand. It may be named Larrey’s Flying Hospital,” in recognition of Larrey’s marvellous idea of ambulances. The optimal location may be a few minutes’ time from Gaza, in a place where medical operations and emergencies can be performed with minimal disturbances. A committee will make sure that supplies of drugs and anaesthetic agents, as well as number of beds are appropriate so as to enable proper medical treatment in all the units. Doctors from other countries may spend a few weeks’ time at the hospital’s wings, benefiting from an exposure to a form of medicine that, unfortunately, becomes increasingly common in our days. Medical students in Israel will train and gain knowledge at the institution, as an elective during their studies.”

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

Last week’s poll asked
Should doctors lead on rationing decisions?
You replied:
YES 155 votes (68%)
NO 93 votes (32%)

This week’s poll asks
“Should developed countries become net exporters of health professionals?”

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“Treating evidence with contempt”
Becoming Ben
Communicating about screening
Anaemia in a 17 year old student
Influence of general practice opening hours on delay in seeking medical attention after transient ischaemic attack (TIA) and minor stroke: prospective population based study

Most read
The prevention of progression of arterial disease and diabetes (POPADAD) trial: factorial randomised placebo controlled trial of aspirin and antioxidants in patients with diabetes and asymptomatic peripheral arterial disease
Aspirin for prevention of cardiovascular events
A difficult balance
Management of travellers’ diarrhoea
Evidence based medicine: what it is and what it isn’t