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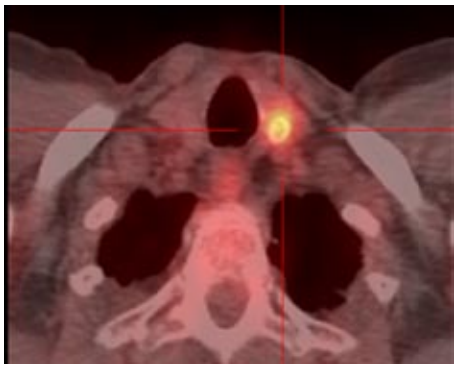
LETTERS



INVESTIGATING THYROID NODULES

What about the cost?

As practising clinicians, we believe that Mehanna and colleagues' review on investigating thyroid nodules should have been accompanied by a formal cost-benefit analysis because of its potential public health implications.[1]

As the authors acknowledge, ultrasonography detects thyroid nodules in 50-70% of unselected adults in the general population but cannot obviate the need for fine needle aspiration cytology, which dictates further management. Fine needle aspiration cytology, even when performed and interpreted by experienced operators (a precondition not to be taken for granted outside dedicated institutions) has a false negative rate of up to 6% and a non-diagnostic rate of up to 30%. We are therefore uneasy about the advice to subject patients to hemithyroidectomy (with its inherent risks, costs, and unavoidable scars) if two aspiration procedures prove to be non-diagnostic.

The need to confirm that the required diversion of resources is worthwhile is even more urgent if all patients with non-palpable incidentally detected nodules of less than 10 mm are to be investigated. The authors advise this while acknowledging that it is not supported by current guidelines from the British and American Thyroid Associations.

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Competing interests: None declared.

1 Mehanna HM, Jain A, Morton RP, Watkinson J, Shaha A. Investigating the thyroid nodule. *BMJ* 2009;338:b733. (13 March.)

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CHRONIC FATIGUE SYNDROME

Many questions remain about treatments for CFS

After the unsuccessful High Court challenge to the NICE guidelines on chronic fatigue syndrome (CFS),[1] the results of two recent reviews may temper many clinicians' enthusiasm for cognitive behavioural therapy for CFS.[2 3]

A meta-analysis by Malouff et al calculated the mean Cohen's d effect size of cognitive behavioural therapy for CFS to be 0.48.[2] This is below the 0.5 threshold generally required for a treatment to be seen as having a "moderate" effect.

A 2008 Cochrane review analysed the data in another way and found that 40% of patients reported improvements in fatigue after cognitive behavioural therapy compared with 26% in usual care at the end of treatment. At follow-up, 1-7 months after treatment ended, when people who had dropped out were included, there was no significant difference between the two groups.

Given that CFS is recognised as being heterogeneous by researchers,[4] it remains far from clear that the NICE guidelines will be suitable for all.

The systematic review on which the guidance was largely based found that several other treatment methods, both behavioural and pharmaceutical, showed some promise in controlled studies but could not be recommended without more research.[5] When more randomised controlled trials have been performed, evidence based guidelines may look very different.

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Competing interests: None declared.

1 Dyer C. High court rejects challenge to NICE guidelines on chronic fatigue syndrome. *BMJ* 2009;338:b1110. (18 March.)
2 Malouff JM, Thorsteinsson EB, Rooke SE, Bhullar N, Schutte NS. Efficacy of cognitive behavioral therapy for chronic fatigue syndrome: a meta-analysis. *Clin Psychol Rev* 2008;28:736-45.
3 Price JR, Mitchell E, Tidy E, Hunot V. Cognitive behaviour therapy for chronic fatigue syndrome in adults. *Cochrane Database Syst Rev* 2008 Jul 16;(3):CD001027.
4 Jason LA, Corradi K, Torres-Harding S, Taylor RR, King C. Chronic fatigue syndrome: the need for subtypes. *Neuropsychol Rev* 2005;15:29-58.
5 Chambers D, Bagnall AM, Hempel S, Forbes C. Interventions for the treatment, management and rehabilitation of patients with chronic fatigue syndrome/myalgic encephalomyelitis: an updated systematic review. *J R Soc Med* 2006;99:506-20.

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MID-STAFFORDSHIRE NHS TRUST

Warnings about unsafe systems

CHRISTOPHER FURLONG/GETTY IMAGES

Mashta reports the criticisms made by the Healthcare Commission of the Mid-Staffordshire NHS Foundation Trust.[1 2]

The Healthcare Commission's report refers to warnings of poor standards as long ago as 2002. This point has subsequently been emphasised by Sir Ian Kennedy, chairman of the Healthcare Commission, among others.[3]

This raises the issue of who should be held responsible for poor standards of care when warnings to management exist but the response is inadequate. With reference to an unsafe system of work, it has been argued that managers should be held responsible rather than individual clinicians.[4] This principle is applicable generally to warnings of unsafe systems in healthcare settings.

The Healthcare Commission report discusses a higher death rate than anticipated in Stafford. It remains to be seen whether this translates into criminal and civil litigation. If it does, it will be important to observe the relative culpability attributed to managers and politicians in comparison with individual frontline clinicians.

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Competing interests: None declared.

1 Mashta O. Hospital trust sacrificed patient care to financial matters, commission says. *BMJ* 2009;338:b1141. (18 March.)
2 Healthcare Commission. Investigation into Mid-Staffordshire NHS Foundation Trust. Available at www.healthcarecommission.org.uk/_db/_documents/Investigation_into_Mid_Staffordshire_NHS_Foundation_Trust.pdf

3 Sawyer P, Marsh B. Hospital scandal: missed warnings. *Sunday Telegraph* 2009 March 22:1. Available at www.telegraph.co.uk/health/healthnews/5029626/Hospital-scandal-missed-warnings.html
4 Toft B, Gooderham P. Involuntary automaticity: a potential legal defence against an allegation of clinical negligence? *Quality and Safety in Health Care* 2009;18:69-73.

Cite this as: *BMJ* 2009;338:b1372

MENTALLY DISORDERED OFFENDERS

A bin is a bin by any other name

With regard to the article by Sales and McKenzie,[1] the real questions are as follows.

Is it morally right to incarcerate in prison people who are seen as mentally ill? If not, can the overstretched and inadequate mental health system cope with treating them while maintaining the public's safety?

As Peter O'Loughlin argues in the online discussion,[2] is it morally right to use mental illness as a reason to excuse criminal activity and circumvent the normal judicial process? Stein and Test are seemingly the only clinicians to have addressed this question in any substantive way over recent decades.[3]

Finally, is it right continually to support the burgeoning independent sector who, seeing Nero watching Rome burn, is pilfering the treasure? As Holloway points out,[4] we have totally deconstructed the backbone of psychiatric practice rehabilitation services, which are largely non-existent in most areas—a factor leading to increased referral into independent sector forensic services.

I have reviewed services all over England and undertaken individual patient reviews, only to find many people who previously would have been on rehabilitation wards now languishing in the independent sector far from home. More worrying is the fact that no one seems to want them home, as clinicians breathe a sigh of relief and commissioners seem resigned to matters. I once worked in a large institution where the targets set by our forefathers were largely achieved: care in a safe-ish environment, with fresh air and decent food and a social life. All at arm's length from society at large. It sounds like it might just catch on; or has it, as Priebe et al suggest,[5] done so already?

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Competing interests: None declared.

1 Sales B, McKenzie N. Time to act on behalf of mentally disordered offenders. *BMJ* 2007;334:1222.
2 Electronic responses to Sales B, McKenzie N. *BMJ* 2007. http://www.bmj.com/cgi/eletters/334/7605/122237392
3 Stein LI, Test MA. Alternatives to mental hospital treatment. *Arch Gen Psychiatry* 1980;37:392-7.
4 Holloway F. *The forgotten need for rehabilitation in contemporary mental health services—a position statement from the executive committee of the faculty of rehabilitation and social psychiatry, Royal College of Psychiatrists*. London: Royal College of Psychiatrists, 2005.330123
5 Priebe S, Badesconyi A, Fioritti A, Hansson L, Kilian R, Torres-Gonzales F, et al. Reinstitutionalisation in mental health care: comparison of data on service provision from six European countries. *BMJ* 2005;330:123-6.

Cite this as: *BMJ* 2009;338:b1311

ELITE SCHOOLBOY FOOTBALLERS

Maturity needs further study

Johnson and colleagues' paper helps to elucidate the role of biological age and maturity on injuries among elite schoolboy English footballers.[1]

Pressure to produce new players is common and entails financial interests. However, the performance demands made on child and juvenile players before they are completely mature have been unreasonable. This is exemplified in the international under-17 (World Cup) and under-15 (continental) tournaments, sponsored by FIFA or continental confederations.

However, despite these demands, high performance in youth team divisions is not associated with high performance in professional football. On the contrary, our unpublished studies show that most players who were finalists in world under-17 tournaments did not ever compete in the World Cup, the most important competition in football.

Early successes may not be sustained because of selecting young men of greater maturity, with greater strength and endurance and therefore greater chances of winning.[2 3] In addition, young sports players sustain many injuries from the early demands made on them, which are often similar to the burdens placed on adults. Further studies should address issues relating to maturation.

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Competing interests: None declared.

1 Johnson A, Doherty PJ, Freemont A. Investigation of growth, development, and factors associated with injury in elite schoolboy footballers: prospective study. *BMJ* 2009;338:b490. (26 February.)
2 Helsen WF, Winckel JV, Williams M. The relative age effect in youth soccer across Europe. *Eur J Sports Sci* 2005;23:629-36.
3 Carling C, le Gall F, Reilly T, Williams AM. Do anthropometric and fitness characteristics vary according to birth date distribution in elite youth academy soccer players? *Scand J Med Sci Sports* 2009;19:3-9.

Cite this as: *BMJ* 2009;338:b1373

DOCTOR RATING SITES

Web based patient feedback

For the past four years Patient Opinion has been running a feedback site where patients, carers, and staff can share the story of their health care in the UK. We focus on services rather than individual doctors, and have learnt a lot about the benefits of this kind of feedback. We agree that web based feedback will have an important role in the future.[1] Given that web based communication such as email, blogging, and twittering differs greatly from traditional paper and speech based communication, it is probably unwise to extrapolate too much from studies on the utility of feedback that looked only at traditional survey and rating formats.

Web based feedback from patients is coming. How it is collected and the underlying business model will almost certainly shape how effective it is. Given the rate at which the web is changing, a range of providers needs to be testing what works best.

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Competing interests: PKH is a general practitioner and founder of Patient Opinion.

1 Bacon N. Will doctor rating sites improve standards of care? Yes. *BMJ* 2009;338:b1030. (17 March.)

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A REFORMATION FOR OUR TIMES

Free up the canon

Shaw's use of the Reformation as an analogy of medical information on the internet is interesting,[1] but a difference occurs to me.

Ordinary people during the Reformation received the top religious information resource—the Bible—translated into the spoken language, printed, and sold at a reasonable price. On the internet currently, today's ordinary folk can access only a mishmash of medical information, some good, some bad. Most of the canon used by doctors is still not available because of price.

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Competing interests: None declared.

1 Shaw J. A Reformation for our times. *BMJ* 2009;338:b1080. (18 March.)

Cite this as: *BMJ* 2009;338:b1375