

MINERVA

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A growing abdominal problem

Try the picture quiz in
ENDGAMES, p 36

“Diabetesity” is a new compound word that grates on Minerva, but it gets 140 000 hits on Google, 180 hits on PubMed, and already has several websites, so there is probably no stopping its spread. Whatever people choose to call it, the epidemic of obesity induced diabetes among young people in many developed and developing countries is deeply worrying. An Australian registry study in *Diabetes Care* (2013, doi:10.2337/dc12-2455) compares outcomes in 354 people diagnosed with type 2 diabetes (T2DM) between ages 15 and 30 years with those in 470 people with type 1 diabetes (T1DM) diagnosed at roughly the same age. During a median follow-up period of over 20 years, the T2DM group had significantly greater mortality, and a higher incidence of neuropathy, albuminuria, and macrovascular outcomes. The researchers conclude: “Young-onset T2DM is the more lethal phenotype of diabetes and associated with a greater mortality, more diabetes complications and unfavorable cardiovascular disease risk factors than T1DM.”

Where do you want to die? Palliative care doctors encourage us to ask this question (if not so bluntly), and in the United Kingdom they have helped to improve the proportion of patients with cancer who die in their place of preference. But most people do not die from cancer, and for them the situation is not so good and may have worsened since 2004, according to a systematic review in *BMJ Supportive and Palliative Care* (2013, doi:10.1136/bmjspcare-2012-000292). The authors looked at 26 studies (12 of which were from the UK) of congruence between patients’ wishes and their ultimate place of death. For those with non-cancer diagnoses, achievement of the preferred place of death occurred in 54.7% of patients, compared with 64.6% of those with a cancer diagnosis—and there are indications that the disparity is growing.

Effective thrombolysis for stroke depends on rapid recognition, and the first stage is when a patient, or more probably a bystander, calls the emergency services. The words used in 473 such calls were analysed and compared with 277 non-stroke emergency calls in *Emergency Medicine Journal* (2013, doi:10.1136/emered-2013-202752). During emergency calls requesting an ambulance for cases later confirmed as stroke, “stroke” was mentioned in 40% of instances, and limb weakness and speech difficulty in 15% each; during non-stroke calls, the proportions



It is now universal practice to mark any surgical site that is sided. In the United Kingdom, the normal procedure is to use an indelible marker pen to draw an arrow to indicate the correct limb or digit. This intraoperative photograph shows the inadvertent transfer of wet ink from one site to another, owing to the patient crossing his legs. This patient’s left, apparently marked limb was uncovered in theatre, and was about to undergo wrong side surgery. The correct right side was identified when reviewing the final World Health Organization checklist for surgical safety. This incident demonstrates the real risk of transfer marking.

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were 3-4% for each key word. That still leaves many stroke calls that fail to mention any key words.

Fatigue comes top of the symptom list in most chronic illnesses, but gets relatively little research attention. Every week, Minerva reads about new interventional trials in multiple sclerosis (MS), but seldom any directly investigating the overwhelming fatigue that is the biggest burden for many people with MS. So she welcomes the FACETS trial reported in *Journal of Neurology, Neurosurgery and Psychiatry* (2013, doi:10.1136/jnnp-2012-303816), in which 164 patients with MS were randomised to usual care or that plus a complex, six session intervention aimed at reducing fatigue severity. The investigators proved that the intervention had benefit, but were unable to calculate cost effectiveness because (bizarrely) improvements in fatigue are not reflected in the calculation of quality adjusted life year outcomes.

“Nerd” was a pejorative word when it first appeared in the United States early in the 1950s, but is increasingly used as a badge of pride by those who

know how to delve into the innards (innerds?) of information technology. Those who delve into the innards of the human body use NERD in a different sense—it is non-erosive reflux disease, used to describe heartburn accompanied by normal findings on endoscopy. You can read about the possible mechanisms of this “disease” in *Gut* (2013, doi:10.1136/gutjnl-2013-305101); or if you have it, you can just take some omeprazole.

History teaches us that when doctors know what they are doing, they all do the same thing. History also teaches us that when doctors don’t know what they are doing, they do a lot of different things, according to the colour of their robes. A paper in *Urology* (2013, doi:10.1016/j.urology.2013.04.060) explores the differences in treatment recommendations in the US between those wearing the blue robes of a urological surgeon and those wearing the white livery of a radiation oncologist, when presented with a patient with pathologically advanced prostate cancer after radical prostatectomy. Faced with various specific clinical features—such as Gleason scores and disease margins—the radiation oncologists and urologists recommended markedly different treatments for adjuvant and salvage radiotherapy. The authors suggest that “Patients with adverse pathologic features after radical prostatectomy should consult with both a urologist and radiation oncologist to hear a diversity of opinions to make the most informed decision possible.” Or perhaps this just means more confusion for the patients, and more robe money for the doctors.

Many languages contain particles, which are simply there to fill the space between thoughts: the ancient Greeks would put a “de” in now and again, and medieval Englishmen would stick in an “eke” whenever they felt short of a syllable (hence the expression “eke out”). Most of us content ourselves with the odd “um” and “er”; but the use of “like” as a particle, which used to be endemic to certain regions such as northeast England and to certain social classes, has now become pandemic. It seems, like, impossible to communicate within certain groups without using “like,” like, all the time. Teenage girls are, like, the main vectors of this infection—but according to a study in the invaluable journal of the American Dialect Society (*American Speech* 2013, doi:10.1215/00031283-2346825), its use has now spread to American children as young as, like, 4.

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