reporting has been introduced into other specialties.[9] In one intensive therapy unit, for example, staff are encouraged to report mishaps that worry them: blank questionnaires left in the coffee lounge are completed anonymously, posted, and summarised before being considered by a panel of senior staff[10]—a scheme similar to that of the confidential inquiries.

A major problem in extending the confidential inquiries would be difficulty in defining which cases to include. Accurate figures for maternal mortality are important indices of health care.[11] The diagnosis of maternal death is clear, numbers can be cross checked, and in Scotland reference to death certificates ensures that reporting is complete. This precision is one of the strengths of the inquiries.

The critical incident technique, by contrast, "makes no claims whatever for being able to detect the absolute incidence of anything."[10] Good obstetric units might detect near misses more rigorously than poor ones, and hospitals most in need of scrutiny might be the least vigilant. Defining non-fatal cases has been a problem for the National Confidential Enquiry into Perioperative Deaths, which had hoped to include "survivor cases" for comparison but so far has been unable to select them.[7]

Widening the inquiries into maternal mortality would mean a much bigger workload. More assessors could be appointed, but there would be an increased burden on obstetricians, who are already a heavily audited species.[12] Obstetricians' motivation to cooperate with the confidential inquiries has remained strong for 40 years but might weaken if the inquiries' status was reduced to that of a less focused audit.

Paradoxically, a widened report might lose much of its impact. The 1985-7 report, which examined the deaths of 265 young women,[3] could not lightly be dismissed as scaremongering, but the inclusion of critical incidents might lead to a belief among the public that doctors are shroud waving—an accusation often levelled at today's obstetricians. The input of the pathologists lends gravity to the reports as well as diagnostic accuracy.

The United Kingdom confidential inquiries are important internationally. In many countries, particularly those with high female illiteracy rates,[13] maternal mortality is still at the level of Britain's in 1935. The World Health Organisation's safe motherhood programme is trying to persuade developing countries to improve maternity care,[14] and some are now introducing confidential inquiries, using the United Kingdom inquiries as their model. It would be unhelpful to move the benchmark.

Even in modern Britain women still die needlessly during and after pregnancy. As political pressure grows for change in the management of childbirth it is important to scrutinise mortality in case such changes compromise safety. The role of midwives is increasing, and the confidential inquiries' panel of assessors should now include a midwife. New audits of obstetric accidents should be introduced,[15] but they should be separate from the confidential inquiries. There are, sadly, still lessons to be learnt from the deaths of pregnant women in Britain, and one lesson is to beware of complacency.

JAMES OWEN DRIFE
Professor of obstetrics and gynaecology

General Infirmary,
Leeds LS2 9NS

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Giftedness

Parents and schools should provide for gifted children

The main sign of giftedness is precocity. Young people are regarded as gifted when they show intellectual, artistic, or motor behaviour characteristic of people several years older. Their precocious development might be in linguistic, logical mathematical, spatial, bodily kinesthetic, musical, interpersonal, or intrapersonal intelligence or ability, as delineated by Gardner,[1] or in analytical, synthetic, or practical intelligence, as defined by Sternberg.[2] Precocity and intellectual prowess may be the basic signs of giftedness, but many lists have been published of other characteristics of gifted children.[3,4]

Tannenbaum suggested that giftedness in childhood should be viewed purely as potential for development. He argued that the complex called "giftedness" consisted of five features: superior general intellect, specific talents or aptitudes, a set of non-intellective traits, a challenging and facilitative environment, and good luck at crucial times in life.[5] Dweck and Leggett also suggested that it was preferable for a child and parents to see giftedness as incremental or emergent rather than as an entity already possessed.[6] Such an attitude leads to the child being better motivated to learn and develop his or her talents.

Gifted children have special needs.[7] Those most commonly identified are, firstly, that the curriculum and instruction should be set at an appropriately challenging pace, level, and richness to facilitate academic growth and sustain motivation to learn. Secondly, gifted children need supportive and nurturing parents, teachers, peers, and mentors who help them develop long term goals and self esteem. And, thirdly, they need to understand their special talents, aptitudes, and personal characteristics and develop a capacity for self direction. Unfortunately, the schooling given to gifted children is often unsatisfactory and unproductive. Kroll and I found that gifted children are often bored at school—partly because of the low level and slow pace of the instruction and partly from having to spend much time being taught what they already know.[8] Gross and I documented the inappropriate handling of gifted children in school as well as the occasional

hostility directed at them.[9] Galbraith's survey of gifted children found the following complaints: school was too easy and boring; the children were expected to be perfect; peers teased them about being smart; they felt different, alienated; they worried a lot about world problems; and people didn't understand them.[10]

School services for gifted children at the elementary level in the United States and many other countries have often taken the form of supplementary instruction—in spare rooms after school and on Saturdays and in summer programmes.[11] Full time classes with all instruction in a single classroom are also often used. At the secondary level gifted children may be placed ahead of their age and given special classes.[12] Sometimes they are put into contact with leaders in a subject or given counsellors to help them with personal and social problems, psychological testing to help them understand their special talents and aptitudes, and tutors to work with them on advanced, special, or enriched learning material. The best instruction for gifted children is tailored to their needs and is diagnostic-prescriptive in orientation.[13] That means that their current skill or knowledge is assessed, and new learning tasks are then selected to be appropriately challenging.

What happens to gifted children when they grow up? Terman and Oden, who followed up 1528 children from the age of 12 to mid-life, concluded that "the superior child, with few exceptions, becomes the able adult, superior in nearly every aspect to the generality. The superiority is greatest in intellectual ability, in scholastic accomplishments, and in vocational achievements."[14] Furthermore, their findings favoured rapidly promoted children.

Several reviews of research and specific empirical studies have shown the value of accelerated teaching for gifted and talented children for both short term and long term accomplishments.[15-17] Other research attests to the short and long term benefits of grouping gifted students together so that they can work with able and challenging peers.[18] While less effective than accelerated teaching and grouping, enrichment programmes also seem to benefit gifted and talented learners, although the benefits may be mainly short term.[17]

Parents are probably the most important influences in the development of talent or giftedness. Family sacrifices may be needed,[19] and parents have to make a long term commitment to help their gifted children develop their talents to the highest level.[9] Parents provide all of the early teaching—in acquisition of language, mathematical operations, and thinking skills. Later, by monitoring children's progress in school and helping them get special teaching programmes in and out of school, they provide the resources for higher development.[20] Finally, it is the parents who help gifted children formulate long term, high level goals and develop the motivation, learning styles, attitudes, and strategies to achieve them.

JOHN F FELDHUSEN
Robert B Kane distinguished professor of education

Purdue University,
West Lafayette,
Indiana 47907-1446,
USA

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The latest reorganisation of the NHS

Will succeed if it establishes an equilibrium between competition and management

After months of speculation, leaks, and rumour the government last week published its plans for the future structure of NHS management (p 1091).[1] These plans contain three key elements: the merger of district health authorities and family health services authorities; the abolition of regional health authorities; and a streamlined NHS management executive operating through eight regional offices. Running through all these elements is a concern to reduce management costs and to allocate as much of the NHS budget as possible to direct patient care. What are we to make of these proposals?

At one level they can be viewed as a tidying up exercise, designed to reduce duplication and to align the structure of the NHS more closely with the purpose of the reforms. This is most apparent in the planned abolition of regional health authorities, which are seen by many as a relic of old style planning and intervention. NHS trusts in particular will welcome the demise of regional health authorities since they have lobbied strongly to preserve their independence from regional supervision.

The proposed merger of district health authorities and family health services authorities is also an attempt to simplify and clarify management responsibilities. In many parts of the NHS the two types of authority already work closely together,[2] and legislation to enable mergers to occur is a logical next step. This will bring England and Wales into line with Scotland and Northern Ireland, where health boards oversee the planning and purchasing of family health services as well as hospital and community health services. Not only will mergers produce savings in management costs; they should also ensure better coordination of secondary and primary care.

The streamlining of the NHS management executive is