

associated with blood loss but not with lack of available blood transfusion. The use of general rather than spinal anaesthesia and inadequate training of the anaesthetist were also associated with maternal and perinatal mortality. The authors say that improved training in anaesthesia and postoperative surveillance might reduce mortality.

Many French doctors want the legalisation of euthanasia

Many doctors in France support the legalisation of

euthanasia, and this may be true for general practitioners and neurologists more than for oncologists. Peretti-Watel and colleagues (p 595) surveyed 917 French doctors from different medical specialties about their attitudes to and practices of euthanasia, end of life care, and doctor-patient communication. Almost a half of general practitioners and neurologists said euthanasia should be legalised, compared with only a third of oncologists. Because oncologists provide more palliative care, have better communication with terminally ill patients, and promote the autonomy of their patients, the authors say they expected to find the reverse finding.

POEM*

Anti-inflammatories don't slow cognitive decline in Alzheimer's

Question Can treatment with selective COX-2 inhibitors or traditional non-steroidal anti-inflammatory drugs slow cognitive decline in patients with mild to moderate Alzheimer's disease?

Synopsis Observational studies suggest that anti-inflammatory drugs have a protective effect in reducing the incidence of Alzheimer disease. To evaluate this more reliably with a prospective trial, a total of 351 participants with mild to moderate Alzheimer's were randomised (concealed allocation assignment; double blinded) to rofecoxib (Vioxx; 25 mg/day), naproxen (220 mg twice a day), or placebo. The primary outcome measure was a change of score at one year on the cognitive subscale of the Alzheimer disease assessment scale. Outcomes were assessed by individuals blinded to treatment group assignment. Complete data were available for only 76% of the original subjects at one year. With intention to treat analysis, neither active treatment had any significantly beneficial effect on reducing cognitive decline compared with placebo. Side effects such as fatigue, dizziness, and hypertension were more commonly reported in the active treatment groups. Serious adverse events such as gastrointestinal bleeds, strokes, and subdural haematomas were also more common in the active treatment groups.

Bottom line Rofecoxib and naproxen are not effective in slowing the cognitive decline of patients with mild to moderate Alzheimer's disease. Because of their likelihood of causing important adverse events, they should not be recommended for this indication. Add another to the list of observational study results that were contradicted by more reliable data from prospective randomised controlled trials.

Level of evidence 2b (see www.infoPOEMs.com/resources/levels.html); cohort study or low quality randomised controlled studies (less than 80% follow up).

Aisen PS, Schafer KA, Grundman M, et al. Effects of rofecoxib or naproxen vs placebo on Alzheimer disease progression: a randomized controlled trial. *JAMA* 2003;289:2819-26.

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

Editor's choice

A very obstetric issue

A minute proportion of *BMJ* readers will be delivering babies these days, but most will vividly remember doing so as students. The first birth I ever saw caused me to burst into tears, much to the surprise of the registrar giving a running commentary. The moment of birth is so rich with possibilities. Obstetrics is a specialty central to medicine but is wafted hither and thither by scientific, social, political, and ethical trends—as this issue shows.

Andrew Shennan begins his review of recent developments in obstetrics by discussing one of its most difficult challenges—pre-eclampsia (p 604). It occurs in 3% of pregnant women and worldwide causes 100 000 maternal deaths. Doppler ultrasound of the uterine artery helps identify women who will develop pre-eclampsia, and low dose aspirin reduces the chance of developing the condition by 15%. Management is complicated, particularly as controlling blood pressure does not alter the course of the disease.

One of the most contentious issues in obstetrics is the high caesarean section rate. The rate in Britain is now 21%, twice what it was 10 years ago. Even elective caesarean sections double maternal mortality, and the increased rate has not been associated with improved perinatal mortality or morbidity. Shennan thinks that encouraging women who have had one caesarean section to deliver vaginally is the best option for reducing the rate. "Once a caesar always a caesar" is an empty shibboleth.

Brenda Ashcroft and others have undertaken a most difficult study to see whether the way that midwives are deployed in labour wards affects safety (p 584). They observed practices in seven units and related them to one adverse event and 15 "near misses." (None of the units routinely recorded "near misses," meaning that they couldn't learn from them.) The authors' controversial conclusion is that organising midwives into teams—as advocated in a policy document *Changing Childbirth*—reduces safety. The problem is that midwives don't spend enough time in the labour ward to develop and retain skills.

The problems in Malawi—and the rest of sub-Saharan Africa—are of a completely different order (p 587). Maternal mortality is 10 per 100 000 in developed countries but 1120 per 100 000 in Malawi. Caesarean section is the commonest operation in sub-Saharan Africa—and is often life saving. But, Paul Fenton and others show, maternal mortality is 1% from the operation. Three quarters of the deaths occurred on the wards, and the authors believe that improved anaesthetic practices could reduce mortality and morbidity.

A tragic outcome from birth is overpopulation and its evil twin overconsumption. Maurice King—a great hero of the developing world—sees demographic and environmental disaster ahead, particularly in Africa, and says so in a book he has published himself (p 626). Our reviewer thinks it deserves a wide audience.

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