managed to improve it to 94%.

Junior doctors are often bullied

Workplace bullying is reported by 18% of doctors in training. Surveying 3779 trainees in London north of the Thames, Paice and colleagues (p 658) found that 18% of the 2730

respondents had been bullied (range 6% to 38% in different trusts), often by consultants (27%), other trainees (26%), or nurses and midwives (19%). Women were bullied more often than men, and foreign doctors more than doctors from the United Kingdom. Only 32% of respondents had complained—many were afraid of the consequences of complaining.

POEM*

Cough suppressants are ineffective in children

Question Do cough suppressants improve the sleep of children with respiratory infections, or the sleep of their parents?

Synopsis When a young child coughs at night, parents don't get much sleep. Although the American Academy of Pediatrics recommends against antitussives because of their lack of demonstrated benefit, these products fly off pharmacy shelves in the winter months. This randomised controlled trial (double blinded) identified 100 children experiencing rhinitis and cough symptoms for one week or less who didn't have asthma or allergies; in other words, children with a cold. The average age was slightly over 4 years (range 2-16 years). The children were randomised (allocation concealment uncertain) to receive a single dose of placebo, diphenhydramine (Diphen), or dextromethorphan (Benlyn) for the single night of the study. Using a seven point Likert scale, parents were asked to rate the effect of treatment on the child's cough frequency, as well as the effect on their own sleep and that of the child. As compared with ratings obtained for the night before the study night, parents overall reported a significant decrease in cough frequency and severity (from "somewhat" to "occasional" on the descriptive scale). The combined symptom score decreased from 19.8 to 8.9 (of a possible 30) with any treatment ($P < 0.01$). Parents also reported a significant improvement in both their sleep and their children's sleep. However, the results were not different whether the child was treated with either drug or placebo. Adverse effects were reported equally in all three study groups. The study had the power to find a one point change in scores of the three arms, if one truly existed.

Bottom line In this single dose study, placebo worked just as well as either dextromethorphan or diphenhydramine to decrease frequency or severity of cough in children. Also, the active drugs provided no additional benefit on parents' report of their own or their child's sleep. This is both bad news and good news. The bad news is that these drugs don't work any better than placebo (which, actually, was reported to work pretty well). The good news is that when parents feel the need to do something when their child has a cold, all products work equally well.

Level of evidence 1b (see www.infoPOEMs.com/levels/html). Individualised randomised controlled trials (with a wide confidence interval).

Paul IM, Yoder KE, Crowell KR, et al. Effect of dextromethorphan, diphenhydramine, and placebo on nocturnal cough and sleep quality for coughing children and their parents. *Pediatrics* 2004;114:e85-90.

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

Editor's choice

Climate change and health

Sometimes it snows in April, sang Prince—but September? Readers from outside the United Kingdom—and the future, who may have found this week's issue in a time capsule—needn't be confused when they see the cover picture of a frail old lady negotiating a wintry London street. Climate change has brought us unseasonable temperatures, floods, and whirlwinds; it is yet to bring us snow in September. How long before it does though? Among the great issues of our time, the state of our environment has been lost from the political—if not public—agenda.

This week, Tony Blair showed some concern that our descendants may not have a planet worth inhabiting. Yet many of us find it hard to predict how our actions today will change our lives even a week ahead; a millennium is incomprehensible. Warnings and signs of our hastening doom have been largely ignored—or downplayed. Melting ice caps and rising seas are not immediately noticeable. Floods in South Asia and drought in Africa are someone else's problem. An Alaskan village on the edge of the Arctic Circle and the islands of the Maldives are paradises soon to be lost. But hurricane after hurricane ripping through Florida and devastating the Caribbean is harder to ignore. The rich world and the poor world are united in vulnerability to nature. The war on weather is one that we are hopelessly ill equipped to win; prevention is our only salvation.

The United Nations Environment Programme acknowledges that deteriorating environmental conditions are a major contributor to poor health and reduced quality of life, directly responsible for 25% of all preventable ill health, particularly diarrhoeal and acute respiratory infections. An estimated 7% of deaths and diseases globally are attributed to inadequate or unsafe water, sanitation, and hygiene, while 5% are caused by air pollution. And then there are the health and economic consequences of major floods and hurricanes.

The earth's surface temperature, which had dropped 0.2°C over a thousand years, has jumped 0.4°C over the last hundred. The sea level is up 15 cm and the global concentration of atmospheric CO₂ has risen by 25% in a century of rapid technological advance but equally rapid environmental destruction. These changes may already be irreversible.

What of the future? In 1999, experts on the effects of climate change on health argued in the *BMJ* that the difficulties in predicting the health effects must not be used to delay helpful interventions. Few governments had undertaken research to assess the likely implications of climate change or evaluate methods of minimising the impact on health. Gro Harlem Brundtland emphasised that "erosion of life support systems at a global level has become a serious and pressing public health issue." Are we any wiser or better prepared than five years ago? And why is there snow on the cover of the *BMJ* in September? It must be time to plan seriously for bad weather.

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