Sex on holiday increases the risk of STIs

Sexual encounters on holiday are potentially dangerous, and young people and sex tourists are more at risk than others. On page 214 Rogstad reviews available evidence of people's sexual behaviour while they are on holiday and discusses the management of people who have acquired, or are at risk of acquiring, a sexually

transmitted infection on holiday. Screening for gonorrhoea, *Chlamydia*, syphilis, and HIV should be performed, and chancroid, lymphogranuloma venereum, and granuloma inguinale should be kept in mind when the patient has had sex with someone from a developing country. The authors recommend preventive measures, including information on safer sex and the risks of sex abroad.

POEM*

Spanking infants is associated with behaviour problems

Question Are behaviour problems on entry into school associated with spanking before the age of 2?

Synopsis Studies of the effects of spanking have been performed by evaluating the spanking of children aged 2-6 years. They have found a neutral effect on the children's emotional wellbeing, which is a good thing since almost all children (94%) in this age group were spanked at least once. This prospective cohort study included 1966 children younger than 2 years from the 4845 total children in the national longitudinal survey of youth mother-child sample, a population based study of children. Children were excluded from analysis for a large number of reasonable exceptions, leaving a group that was 28% black, 20% Hispanic, and 52% non-Hispanic white. Forty per cent of the mothers in the sample had at least 13 years of education, and the average family income was \$38 400 (in 1996 dollars), though lowest in the black subgroup (\$26 300). Because of the design of the database, this study specifically excluded "economically disadvantaged white" children. Behaviour, determined at the time the children were 6 years old and at school, was measured by the behaviour problems index as well as by asking mothers whether they had been called to come to the child's school to discuss behaviour problems. Spanking frequency was defined as the number of times spanking was administered by the mother in the week before the questionnaire was completed. Children who were spanked were spanked an average of 3.4 times in the previous week, and spanking was reported as occurring significantly (average 3.9 episodes) more by black mothers. White non-Hispanic children who were spanked more frequently before age 2 years were substantially more likely to have behaviour problems on entry into school. There was no relation between spanking and subsequent behaviour problems among black or Hispanic children.

Bottom line In white non-Hispanic children who were not economically disadvantaged, spanking before the age of 2 years is associated with significant behaviour problems on entry to school at age 6. This relation is present after controlling for other factors, but is not seen in black or Hispanic children.

Level of evidence 2c (see www.infopoems.com/levels.html). "Outcomes" research.

Slade EP, Wissow LS. Spanking in early childhood and later behavior problems: a prospective study of infants and young toddlers. *Pediatrics* 2004;113:1321-30.

©infoPOEMs 1992-2003 www.infoPOEMs.com/informationmastery.cfm

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

Editor's choice

The triumph of NICE

The National Institute for Clinical Excellence (NICE) and the Commission for Health Improvement (CHI) were both introduced in the NHS plan of 1998. Six years on, CHI is dead but NICE is conquering the world. NICE worked but "nasty" (as CHI was initially known) failed—perhaps because it wasn't nasty enough. NICE may prove to be one of Britain's greatest cultural exports, along with Shakespeare, Newtonian physics, the Beatles, Harry Potter, and the Teletubbies.

Cynical about government and trained to be sceptical, the *BMJ* was cautious in its welcome to NICE (1999;318:823). We believed that a body was needed to lead on rationing health care and were irritated that NICE insisted that it was nothing to do with rationing when it clearly was. To ration well it should, we insisted, look not only at new technologies but also at existing ones (2000;321:1363)—plus it shouldn't pretend that it could make its decisions simply on scientific evidence. It needed a way to assess social values.

Four years on we publish an article in which the gauleiters of NICE explain how they approach economic evaluation and have formed a Citizens Council to ensure that the values it uses in making its judgments "resonate broadly with the public" (p 224). It eschews, however, affordability. "Let them eat cake," it may opine if cake is evidence based and socially valued. It is for government to decree that cake is unaffordable or for local health authorities to try to fund a little cake by cutting services for those too politically weak to protest. NICE, supported by its Citizens Council, has also decreed that "an additional adjusted life year is of equal value for each person." Confronted with a grandmother and her granddaughter drowning you should toss a coin to decide which to rescue.

In a second article Alan Maynard and others argue that "NICE has yet to mature into the efficient prioritisation mechanism that is required to ensure the better use of NHS resources" (p 227). They insist that "the issue is not whether but how to ration." The authors see four fundamental challenges for NICE. Firstly, "the government should make it impossible for the NHS to adopt expensive new technologies until they are approved by NICE." Secondly, NICE should more explicitly recognise the equity dimension of health care, perhaps adopting "the fair innings approach" that would leave the grandmother drowning. Thirdly, it must consider old as well as new technologies, and, fourthly, a way must be found to constrain the health inflation it is causing—perhaps by giving NICE a real budget.

Four years ago the *BMJ* proposed some characteristics for NICE. We can now attach provisional scores. "Britain," we concluded, "would benefit from a body that admits it is about rationing (2/10), works openly (5/10), uses evidence (8/10), looks right across health care (2/10), incorporates ethical thinking systematically into its judgments (6/10), is more distant from politicians and the pharmaceutical industry (3/10), and is directly accountable to the public (1/10)." "Satisfactory, but could do better," writes the retiring headmaster.

Richard Smith *editor* rsmith@bmj.com

To receive Editor's choice by email each week subscribe via our website: bmj.com/cgi/customalert