

London, they found the women's social adjustment scores were within the normal range and self esteem scores were above average. Though their data indicated low levels of sexual activity and higher levels of non-heterosexual orientation among the women with the disorder, legitimate normative data for this comparison are lacking.

What should we do about zinc deficiency?

Zinc intake is commonly inadequate, especially in developing countries with high mortality. The World Health Organization recently highlighted zinc deficiency as one of the 10 major factors contributing to burden of disease in developing countries. On page 347, Shrimpton and colleagues examine existing reviews and randomised controlled trials and consider these in the light of the international policy recommendations for

supplementation and fortification of micronutrients. They also report on the implementation of these programmes.

Private healthcare may not be the panacea

Supporting private health insurance may be not the best option for governments. Hall and Maynard (p 357) analysed the Australian experience, where changes in government policies to support private health insurance (including a purchasing subsidy, discounted rate for those getting on the scheme at a young age, rebated co-payment, and a strong advertising campaign) increased the proportion of people insured but failed to reduce admissions to public hospitals. The changes were costly, primarily benefited wealthy people, increased inequality in the funding of care, and had no observable effects on efficiency, say the authors.

POEM*

Cancer patients are not able to postpone death for important events

Question In patients with cancer, can "death take a holiday"?

Synopsis Many believe that individuals dying of cancer and other chronic illness can postpone their death to survive a major holiday or significant personal event. These investigators analysed death certificate data from everyone who died in the state of Ohio from 1989 to 2000, including 309 221 patients with cancer listed as the leading cause of death. The proportion of individuals dying of cancer in the week before Christmas, Thanksgiving, and their birthday was not significantly different from the proportion dying in the week after the event. In a subgroup analysis, African-Americans were more likely to die from cancer related causes in the week before Thanksgiving and women were similarly more likely to die in the week before their birthday. There was no significant increase in death from cancer related deaths in the week after the event in any subgroups.

Bottom line Patients with cancer are equally likely to die in the week before or after a significant holiday or personal event. This study found no evidence to support the common belief that patients can postpone their death to survive a holiday or other meaningful event.

Level of evidence 1b (see 222.infoPOEMs.com/levels.html). Individual inception cohort study with > 80% follow up, or a clinical rule not validated on a series of patients

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

Editor's choice

The case for slowing down

"Forty-eight years old, profoundly asleep at nine thirty on a Friday night—this is modern professional life." Henry Perowne, neurosurgeon and central character of Ian McEwan's new book, *Saturday* (p 368), "hits the [hospital] corridors with an impatient stride his retinue struggles to match," considers each glass of wine on Saturday a gamble in case he is called to an emergency, and suffers an unfortunate road rage incident. *BMJ* readers will have shared many of Perowne's experiences, including road rage—if you don't encounter this once a week in London you can't be driving properly. Might road rage be better considered as a collision avoided—a preventive measure? Traffic collisions already account for 1.2 million deaths and 50 million injuries each year worldwide.

Speed cameras are a controversial way of reducing these collisions. Motoring organisations and the general media portray speed cameras as a cash cow for the police, an unreasonable penalty on safety conscious motorists, and a failure in injury prevention. My own 3 point penalty for travelling at 40 mph in a 30 mph zone—caught by a hidden mobile speed camera (honest gov)—made me contemplate the worthiness of the case put by the motoring organisations and the media until I remembered I had edited a theme issue on road crashes and worked for a journal whose fast track symbol is a bicycle. Hence, it cleanses my soul to publish a study that reviews evidence on the effectiveness of speed cameras and finds that they reduce road traffic collisions and related casualties (p 331). The level of evidence is poor, and better data are needed, but this review is a start and a useful advocacy tool.

The media, too, are culpable in running elderly drivers off the road (p 368). Alan Martin and others claim that media reporting of issues related to older drivers is mostly negative and is in disagreement with evidence that suggests that people over 65 are the safest of any age group. This information will surprise some doctors—I've been wondering what to do about the old lady in a nearby village who drives hazardously down the middle of the road, head permanently cocked to one side. Should I report her to the police, the women's institute, or mind my own business? What would you do?

Equally, what would you do if you were offered the chance to publish a study that hinted at problems at a cardiac surgery unit? Would you (a) suppress these high octane findings, (b) tell the department of health and local health authority before publication, (c) publish and be damned? We chose option c, and a subsequent inquiry has revealed more of a problem with the quality of the data than with the surgeons (p 319, p 324). Perhaps these are questions for our new editor, Fiona Godlee, and chief executive, Stella Dutton, to contemplate at nine thirty on a Friday night (p 323)?

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