though eight years have passed since the election of New Labour, data for a complete assessment of changes in life expectancy are still not available. However, on the basis of the analysis of the available data, they argue that more potent and redistributive policies are needed if the issue of inequalities is to be addressed seriously.

BSIP/BOUCHARLAT/SPL

Emergency endoscopy in the UK seems inadequate

Half of the hospitals in the United Kingdom are not adequately equipped to deal with emergency upper gastrointestinal bleeding. Surveying 150 endoscopy

units to determine the extent of out of hours provision of endoscopy, Douglass and colleagues (p 1000) looked at the volume of work and resources used. They found that half of the hospitals have no emergency on-call rotas for patients with acute upper gastrointestinal bleeding, and they say that in many hospitals patients might be dying because appropriately timed endoscopy is lacking.

POEM*

Low cholesterol predicts death in elderly

Question Does a low cholesterol level predict mortality in elderly people?

Synopsis These authors identified a random sample of 2277 non-demented Medicare recipients living in northern Manhattan. Each patient underwent blood testing, a health interview, assessment of functional capacity, medical history, physical and neurological examination, and a neuropsychological evaluation. The investigators evaluated the patients at 18 month intervals. The team also used the national death index to determine each patient's vital status. At the start of the study, the patients' average age was 76 years (range 65-98 years); they were mostly women (66%) and were of mixed ethnicity (30% white, 31% black, 38% Hispanic). After an average of three years of follow-up, 291 patients had died. The patients in the lowest fourth of total cholesterol, non-high density lipoprotein cholesterol, and low density lipoprotein cholesterol were almost twice as likely to die as those in the highest fourth, after adjustment for age, sex, ethnic group, level of education, body mass index, apolipoprotein E genotype, diabetes mellitus, heart disease, hypertension, stroke, diagnosis of cancer, current smoking status, or demographic variables.

Bottom line In elderly people, low cholesterol levels are significantly associated with higher mortality. This association could reflect frailty, malnutrition, or subclinical disease.

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

Schupf N, Costa R, Luchsinger J, Tang MX, Lee JH, Mayeux R. Relationship between plasma lipids and all-cause mortality in nondemented elderly. *J Am Geriatr Soc* 2005;53:219-26.

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

Editor's choice

In praise of trade offs

Next week Britain has a general election, and over the past three weeks Nick Timmins has been dissecting the manifestos of the three main UK parties (16 April, p 866; 23 April, p 925; p 981). Although sceptical about manifestos—“a newly landed Martian reading Labour's 1997 manifesto and looking at the NHS today would be entitled to wonder how on earth we got from there to here”—Timmins works hard to find real differences between the parties. So do our three commentators (p 986). Indeed, Keiran Walshe argues that the electorate doesn't have much choice: “If you believe in a nationalised NHS or if you want to see health care privatised, you don't have anyone to vote for.”

Lack of anyone to vote for is a problem because it implies a muted discussion of values and trade offs. The main criticism of this current election is that the parties are claiming the same ground, with no real political arguments about what matters. Inequalities in health and wealth could, for example, be a divisive political issue. The analysis by Mary Shaw and colleagues (p 1016) shows that differences in life expectancy between the richest and poorest groups in Britain have continued to grow. But they have been growing over 20 years, through both Conservative and Labour administrations. Income inequalities have shown a similar trend. The authors make an unashamed plea for redistributive policies and lament that “‘redistribution’ is a dirty word in British politics.”

Yet if politicians fail to come clean about the trade offs, we can always turn to statisticians for some clarity. Robert Hooke's analogy in *How to Tell Lies from Statistics* between political positions and type 1 and type 2 errors is, of course, meant to help people understand the statistical concepts, but it also helps explain political trade offs. In offering welfare payments, says Hooke, a type 1 error is to give payments to someone who does not deserve them, and a type 2 error is to fail to give them to someone who really needs them. Conservatives tend to find type 1 errors intolerable, and liberals tend to find type 2 errors intolerable. “Only the dreamers really believe that we can eliminate one type of error entirely without allowing the other to increase unreasonably.”

Or we could look to lawyers. The House of Lords has just ruled that parents who are wrongly accused of harming their children cannot sue doctors or social workers who made or investigated the allegations, even if they behave negligently (p 988). The reasoning is that the professionals' duty is to the child, and in cases of child abuse the child's interest is diametrically opposed to that of the parents. In other words, society finds it more intolerable that a child should be abused than that a parent should be wrongly accused. Clinicians working in child protection will welcome this ruling, but everyone should admire it for not fudging a hard choice.

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