ABC of conflict and disaster

The ABC series continues with a chapter on recovery from conflict and helping restore hospital services (p 278). The authors describe phases and characteristics of medical services after the acute phase of the conflict. Two case studies, one in Azerbaijan and

another in Kosovo, serve as tragic examples from which there is much to learn.

POEM*

Calcium and vitamin D is effective for preventing first fracture

Question Does supplementation with vitamin D and calcium prevent a first hip fracture or non-vertebral fracture in older people?

Synopsis This meta-analysis combined the results of randomised controlled trials evaluating the role of the combination of calcium and vitamin D₃. The researchers searched three databases for studies evaluating the effect of the combination on hip fractures or non-vertebral fractures, searched reference lists and meeting abstracts, and contacted experts. The researchers did not comment on the quality of the studies other than to note that treatment allocation was masked and all but one used an intention to treat analysis. Two researchers independently extracted the data from the seven studies, which enrolled a total of 9820 people with an average age of 79 years. Patients lived in the community, in housing for the elderly, or in nursing homes, and the majority were women. Hip fracture occurred in a high proportion of patients: 7.3%. The researchers found heterogeneity among the trial results, which was resolved when they separated the studies by dose of vitamin D. Vitamin D 400 IU per day did not prevent fractures, but vitamin D doses of 700-800 IU per day resulted in a significant decrease in hip fractures (5.8% v 7.7%), translating into one less hip fracture for every 50 patients treated for two years (number needed to treat = 50; 95% CI 34 to 109). Similarly, the non-vertebral fracture rate was decreased only by the higher dose, with a number needed to treat of 28 (19 to 49) for at least one year.

Bottom line Supplementation with calcium 1000 mg and vitamin D₃ 800 IU daily decreases the likelihood that older people will experience a first hip fracture or other non-vertebral fracture. The dose of calcium is lower than the 1500 mg daily that is recommended and usually used; the vitamin D dose is higher than the dose usually used in comparison studies with other drugs. These results conflict with two large studies in patients at high risk or with a previous osteoporotic fracture for whom these doses did not decrease the rate of fracture (*BMJ* 2005;330:1003-6 and *Lancet* 2005;365:1621-8).

Level of evidence 1a (see www.infoPOEMs.com/levels.html). Systematic reviews (with homogeneity) of randomised controlled trials.

Bischoff-Ferrari HA, Willett WC, Wong JB, Giovannucci E, Dietrich T, Dawson-Hughes B. Fracture prevention with vitamin D supplementation. A meta-analysis of randomized controlled trials. *JAMA* 2005;293:2257-64.

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

Editor's choice

The GMC: out of its depth?

Mention the GMC to a group of UK doctors at the moment and you must be ready for anger and despondency. The view, widely held among doctors, that the verdict on Roy Meadow was disproportionate and inappropriate may be the opening gambit, but the conversation soon turns to the GMC itself. What I hear from a growing number of doctors who have been referred to the GMC are troubling accounts of officiousness, inefficiency, and delay; of prolonged and painful pursuit of cases that are subsequently found to have no grounds. What I hear from others is loss of faith in the GMC's abilities to manage its affairs, with damage to patients and doctors alike. This week's *BMJ* draws attention to the problem of underinvestigation of research fraud (pp 245, 281, 288). Should we now be talking about the problem of overinvestigation of doctors?

The sheer number of doctors who have been referred to the GMC is surprising. I had thought this was a rare event. Indeed, according to Wendy Savage, who retired in April after 16 years on the GMC (p 256), in the past it was a rare event. When she joined, the GMC received about 35 cases of professional misconduct a year. Now, she says, the cases are numbered in the hundreds. Savage puts this down to higher expectations, greater willingness among patients to complain, and greater likelihood that complaints will be referred on to the GMC. An alternative explanation might be that standards of care have fallen. Or that the GMC is pursuing cases that should be dismissed or referred back to employers for local resolution.

The GMC says that it ruled on Roy Meadow to restore public confidence in the profession. Others, including Richard Horton, editor of the *Lancet* (bmj.com/cgi/eletters/331/7508/66-a#112701), suggest that it may have been more concerned with shoring up its own reputation in the eyes of government. Either way it is likely to be disappointed. Making examples of people who come before its fitness to practise panels is more likely to continue the downward spiral of loss of public confidence in the profession and loss of professional and government confidence in the GMC.

What we need is a strong profession that puts patient safety at the heart of everything it does. The GMC can't achieve this alone but it has a key part to play and most people want it to succeed. Wendy Savage was its fiercest critic but also a fierce champion of self regulation. As she points out, "the GMC with all its faults is better than a government run system."

But the GMC currently seems overwhelmed by the turning tide of public opinion, with a leadership that is out of its depth and lacks the wisdom needed to navigate its way through. That the president of the GMC, Sir Graeme Catto, did not resign after Janet Smith delivered her damning report last year was a surprise to many. The question is how long he can justify continuing in his role while presiding over a GMC that risks losing the confidence of both the people it regulates and the people it is there to protect.

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