Variations in end of life care

The utilisation of end of life care varies widely among the “best” hospitals in the United States. Wernberg and colleagues (p 607) analysed how often doctors saw patients, how long patients stayed in hospital on average, how long they stayed in intensive care units, and what proportion went to hospices at the end of their lives. Their cohort consisted of patients treated in 77 hospitals included in the 2001 US News and World Report “best hospital” list. They found great variations in end of life care, attributable to a greater availability of facilities. In an accompanying commentary (p 610), Hunter raises concerns about the English NHS Plan, which plans to increase doctors and the number of beds but would not guarantee that better health would result.

Intrathecal antitetanus treatment works better

Patients treated with combined intrathecal and intramuscular injections of antitetanus immunoglobulin improve more quickly than those treated by the intramuscular route alone. De Barros and colleagues (p 615) randomised 120 patients with tetanus to receive antitetanus immunoglobulin by the combined intrathecal and intramuscular route or by the intramuscular route alone. They found patients responded better, spasms were shorter, and less respiratory assistance was needed in the intervention group.

Children treated for heart conditions survive equally well across UK

Survival after paediatric cardiac surgery or therapeutic catheterisation is equal in 13 congenital heart disease centres in the United Kingdom. Gibbs and colleagues (p 611) analysed data from the central cardiac audit database for 2000–1 and found that results of individual centres and operators did not differ from the national average. Survival at one year was double than that at 30 days, and may be a better descriptor of overall outcome. When individual centres’ data were broken down into distinct types of treatment, numbers became small, and risk stratification has yet to be developed. Independent validation of data is essential for accurate analysis, the authors say.

How do general practitioners manage domestic violence?

General practitioners identify and manage partner abuse in various ways, and often lack expertise to treat these patients and their families. Taft and colleagues (p 618) interviewed 28 Australian general practitioners who attended training on management of domestic violence. They found that a few doctors practised in recommended ways, some used contraindicated practices, and many were uneasy about treating victims of intimate partner abuse and concerned about the optimal care of their children. The authors emphasise existing good practice and argue that more GPs should use recommended guidelines, refrain from counselling couples, emphasise safety and confidentiality, and refer to specialised agencies.
Abuse from a partner may contribute to depression

Physical, emotional, and sexual abuse are associated with depression in women. Hegarty and colleagues (p 621) interviewed 1257 women from Australia who were attending 30 general practice surgeries in Victoria. They found that 18% were currently depressed, and 24% had experienced some type of abuse in an adult intimate relationship. Depressed women were more likely to have experienced some form of abuse as a child, and to have experienced partner abuse, than women who were not depressed. Doctors should consider the role of past or current violence and abuse in their depressed women patients, the authors say.

POEM*

One day treatment is as effective as seven to eradicate *H pylori*

**Question** Is a one day treatment of *Helicobacter pylori* as effective as a seven day regimen in patients with dyspepsia?

**Synopsis** The researchers recruited 160 adult patients with dyspepsia scoring 3 or higher (of a possible 20) on the Glasgow dyspepsia severity score (GDSS) and with a positive urea breath test (signifying the presence of *H pylori*). Patients were randomised to receive either a four drug cocktail for one day or treatment with three drugs for seven days. Allocation may not have been concealed from the enrolling researcher (patients randomised to receive the seven day treatment were more likely to smoke). The one day regimen consisted of two tablets of 262 mg bismuth subsalicylate (Pepito-Bismol), 500 mg metronidazole (Flagyl), and 2 g amoxicillin (suspension), all taken four times over the course of the day, along with 60 mg lansoprazole (Prevacid) taken once. The control group took 500 mg clarithromycin (Biaxin), 1 g amoxicillin, and 30 mg lansoprazole twice daily for seven days. The urea breath test was readministered five weeks after the start of treatment to the 150 patients who returned. Eradication rates were similar in the groups: 95% in the one day group and 90% in the seven day group. Treatment success rates were also similar: the GDSS scores dropped an average of 7.5 points in both groups, from a baseline of 7-11. Side effects were tallied at the five week follow up rather than during or immediately after treatment and may not be particularly accurate.

**Bottom line** A four drug, single day treatment was as effective as seven days of treatment with three drugs in eradicating *Helicobacter pylori* and symptoms in patients with *H pylori* positive dyspepsia.

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


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

Editor’s choice

Personal feelings and medical journals

A good poem will evoke different thoughts, feelings, and images in each reader. A medical journal is not like that. Mostly after reading an article we probably think thoughts that are similar and not so far from those the authors wanted us to think. But we do all bring something different to our reading, and those differences—particularly if they are powerful feelings—will influence our reading.

As I read the paper by Jack Wennberg and others on death in highly respected American hospitals (p 607) I thought of the death of my father. He died last week aged 81. He was a good (and very funny) man who lived a good life and died a good death—courtesy of the NHS. In America he might not have been so lucky. Wennberg and others look at use of healthcare resources in the 77 “best hospitals” in the United States and find striking variation.

Days in hospital in the last six months of life ranged from 9.4 to 27.1, while days in intensive care ranged from 1.6 to 9.5. The percentage of patients who saw 10 or more doctors varied from 17% to 50%, and the percentage of deaths occurring in hospital ranged from 16% to 56%. Hospital use was most intense in Manhattan, Los Angeles, and Washington and least intense in Minneapolis and San Francisco—suggesting (probably wrongly) that “liberals” go to their deaths with much less fuss. There is no evidence that greater use means better outcomes, and the worry is that higher use is driven less by patient preferences and more by the supply of hospitals and doctors. The variation suggests that there is lots of room to do things better—and probably at much lower cost.

My father died at home after 14 days in hospital and no days in intensive care under the care of doctors and nurses to whom my family are tremendously grateful. The crucial point seemed to me the moment when we all agreed that the aim of management was a comfortable and dignified death. Sometimes that point may come far too late—or not at all.

Emotion also influenced my reading of Chibuzo Odigie’s report on a study from the soon to be extinct Commission for Health Improvement of how children often feel ignored in the NHS (p 600). My 12 year old daughter, Flo, castigates me for not listening, failing to close my mouth when eating, never finishing my sentences, wearing awful clothes, and singing badly in the street. Children have a clarity of vision and a deep sense of values denied to many adults, and I believe that they should have the vote at 16, if not younger. And doctors shouldn’t talk to the parents of teenagers rather than the teenagers themselves, especially when the teenagers say things like: “I know more than my mum, I know nearly everything.”

Richard Smith  editor (rsmith@bmj.com)