(70%). Forty five per cent of respondents said they would be more willing to allow the presence of relatives if adequate support was available, particularly careful explanation and a dedicated person able to support the family.

Comment

Two thirds of consultants and nurses who had previous experience of relatives being present during testing felt that the relatives had benefited from this. The diagnosis of brain stem death is extremely stressful for relatives. Relatives have refused to allow ventilation to be discontinued, leading in one case to a delay of 48 hours.² Public confusion remains between brain stem death and the "persistent" (not "permanent") vegetative state, when patients rarely regain consciousness.³

Relatives who observed cardiopulmonary resuscitation showed improved psychological outcome after three months.⁴ By contrast, testing for brain stem death is more controlled, with time to prepare relatives for what they will observe. It is possible that allowing relatives to be present may help them to understand the diagnosis and may assist the grieving process. Witnessing the first disconnection test might help relatives "understand the difference between breathing and being breathed" and may help them "accept that a declaration of death is imminent."⁵ Coolican said that relatives should be offered a choice about witnessing testing for brain stem death and that by "participating ... in dying or death" relatives might benefit in the control thus exercised.¹

However, testing for brain stem death was described by some respondents as "macabre" and "harrowing" and will often seem that way to relatives' families. Relatives observing testing must be capable of understanding the importance of the apnoea test and that movements that seem purposeful and involve the neck as well as the hands and the limbs are in fact only spinal reflexes. Continual explanation is essential.

At present, a minority of doctors and nurses invite relatives to observe testing for brain stem death. More may consider doing so in the future. Whether this is beneficial to these families remains to be seen. The problems associated with the presence of relatives at testing for brain stem death should not be underestimated.

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Choosing a collaborator

The project looked promising. We planned to determine, using a rat model, whether chemotherapy-induced damage to an endocrine gland could be modified by endocrine manipulation induced before and during chemotherapy. We had an excellent team—Gerry, Ian, Barry, and myself (Steve)—and everyone was making a significant contribution. This was my first real attempt at being involved in research that tested a hypothesis as opposed to more clinically orientated observation. I felt that it represented a genuine step forward in my research profile and my hopes were raised further when within less than two years the results of the study supported the initial hypothesis.

So it was time to publish our findings and, as a mere clinician involved in basic science experimentation for the first time, I chose to rely on the experience of my senior colleague from the medical school. He chose a high impact American journal, the referees made complimentary remarks, and the article was accepted without fuss. The only slightly unusual aspect was the journal's request for the Christian names of all authors. Previously I had only published in journals that used surnames and initials but I could not see any problem with the addition of Christian names.

The proofs were sent to the senior scientist for checking and so I was not aware of the disaster about to unfold until the article appeared in print. This was going to be the big one, big enough to make my reputation. After months of waiting I sat at my desk and scanned the title page and authorship: Gerry, Ian, Steve, and Barrington. *Barrington*. I was scarcely able to take in the full horror of what lay in front of me. Barrington, what a name—everyone called him Barry. Why, oh why, did he have to be called Barrington? I knew immediately my chance of glory had gone. Who on earth is going to pay any attention to a Steve when there is a Barrington on the team sheet?

It was in the wee hours of the morning after my discovery of my collaborator's real name that I made the following resolutions about future collaborations: if you do not want unfair competition, never work with anyone with a double barrelled name, or with the second, third, or fourth, or even junior placed after his/her name. In fact never work with anyone whose Christian name contains more than five letters.

When you are thinking about possible collaborators, do not worry about intellect, motivation, capacity to see a project through to completion, writing skills, or even the grandeur of their CV. Just demand to see the birth certificate.

Whatever the various contributions of different authors, a Steve will never be noticed next to a Sebastian Montmorency or a Montague Kingsley the fourth, junior. The only alternative, apart from giving up, is a name change that provides you with an unforgettable moniker, but that is really risky and lays you open to the possibility that most potential collaborators will choose not to work with you.

Stephen M Shalet *professor of medicine, Manchester*

We welcome articles of up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.