Percentage of patients (n=74) who would not want active treatments for any additional illness (for example, pneumonia) if they had disabilities. The diagonal gives the percentage of participants preferring "comfort only" care should they have one of seven disabilities and the other results refer to a combination of two of them

Disability	Unable to speak	In a wheelchair	Bed bound	Fed by percutaneous endoscopic gastrostomy	Advanced dementia	Blind	Doubly incontinent
Unable to speak	52						
In a wheelchair	64	24					
Bed bound	78	NA	58				
Fed by percutaneous endoscopic gastrostomy	77	74	81	57			
Advanced dementia	90	83	92	90	78		
Blind	82	78	82	79	88	44	
Doubly incontinent	82	76	81	79	89	82	53

NA=not applicable.

At the end stage of a terminal disease, 68 people (94%) said they would refuse surgery, 67 (93%) artificial feeding, 66 (92%) ventilation, 65 (90%) cardiopulmonary resuscitation, 62 (86%) subcutaneous or intravenous fluids, and 59 (82%) antibiotics.

Fifty participants (74%) expressed interest in writing a living will, most commonly because their views would be known (25; 34%) and to relieve the burden of decisions on their family (22; 30%). Women and men were equally interested in writing a living will.

Comment

Despite little previous knowledge of living wills, many older people were interested in the concept. Most elderly people have clear views on the issues raised in living wills, and 92% indicated when they would no longer wish their lives to be prolonged by medical interventions. A living will specially designed for elderly people may be appropriate and is being prepared.

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Correction

Burns after photodynamic therapy

An authors' error occurred in this drug point by Shehan Hettiaratchy and others (6 May, p 1245). The last sentence of the second paragraph should have read, "All subjects signed a standard consent form of the Association of the British Pharmaceutical Industry and no fault compensation is available" rather than the published, "As the men had signed disclaimers before the trial, they were not automatically entitled to compensation."

Family medicine

Two case histories

My mother in law has never been a great walker, but at nearly 80 she has kept active and takes a lively interest in the world and her family. She and her husband love Majorca and spend time there every winter. She has put on some weight over the years and her knees began to cause trouble. Just before Christmas they got worse and her break in Majorca was partly spoilt by a stiff neck. On her return she was treated to a massage, but she was finding it difficult to walk up stairs and wondered if she would need knee replacements. I realised all was not well when she had to do the weekly ironing session sitting down. Also, for the first time in the 30 years that I have known her, she had lost her joie de vivre. Never a complainer, she visited my partner three months after her symptoms had started. An erythrocyte sedimentation rate of 91, haemoglobin of 10.9, and normal protein electrophoresis made the diagnosis obvious. Within 24 hours of oral steroids her bounce had returned.

My mother has been a keen walker all her life and never puts on weight. She joined a prestigious fell walking club in her 80th year, and at 81 she went to Scotland to "bag some Munros" (Scottish mountains over 3000 feet). In March during a walk near her London home she developed severe cramp in her hips and after leaving the lunchtime pub had to give up. The acute pain

settled, but walking became more difficult. Her GP referred her for a hip replacement, and we worried about her future mobility. When we visited in April I was shocked to see her limping. The next weekend she visited us and complained that she had strained her shoulder in the garden. When I rang the following week she was finding it hard to climb the stairs and could not turn over in bed. The penny dropped with a clang. Never one to complain, she hadn't told her GP of all these symptoms. A few days later the erythrocyte sedimentation rate came back at 65 and the haemoglobin at 10.2. The hip radiograph was within normal limits. While awaiting the results she became almost immobile and didn't know how she could carry on. Within two hours of taking the steroids she could get out of the chair without difficulty, and that night she could sleep again, although full mobility took several weeks to return.

Diagnosed with polymyalgia rheumatica within two weeks of each other, they swap steroid stories and compare doses. Both sides of the family went to Majorca this October to celebrate the 80th birthday. Some walked further than others, but all had a spring in their step.

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