This week in the BMJ

Fluids and inotropes reduce the risk of major elective surgery

Major surgery in high risk patients produces large numbers of critically ill patients. Intervention perioperatively with fluids and inotropes, guided by appropriate monitoring, has been shown to produce improvements, particularly in emergency patients. On p 1099 Wilson et al identified those high risk patients undergoing major elective surgery in a district hospital and used a perioperative team to monitor and optimise physiological variables. Preoperative high dependency facilities and specialist nurses were needed. The study produced a reduction in mortality from 17% to 3% in patients preoptimised for surgery. The use of dopexamine in addition to fluid therapy also produced a halving of complications leading to significant reductions in intensive care and hospital length of stays. The pre-emptive use of specialist care facilities reduces subsequent demand, but this process needs careful planning.

Still no final decision on best immunosuppressant after kidney transplantation

Since its introduction over a decade ago, cyclosporin has remained the most important immunosuppressant drug used in renal transplantation. Over the past few years, however, there has been a steady increase in the use of tacrolimus. Knoll et al (p 1104) conducted a systematic review of randomised controlled trials that compared tacrolimus with cyclosporin in renal transplantation. Patients who received tacrolimus had a significant reduction in the number of episodes of acute rejection compared with those treated with cyclosporin, but they also had a greater risk of developing new onset diabetes mellitus. There were no significant differences in patient or renal allograft survival 1 year after transplantation. Follow up studies are needed to determine whether tacrolimus improves long term renal graft survival.

Frail elderly people have a spectrum of needs

The funding of long term care for elderly people is a highly charged political issue. On p 1108 Melzer et al provide estimates of the composition of the disabled elderly population from the Medical Research Council's cognitive function and ageing study. Within study definitions, 11% of men and 19% of women aged 65 years and over were disabled, totalling an estimated 1.3 million people in England and Wales in 1996. Cognitive impairment was present in 38% of the group. Over a third of people with limitations to activities of daily living who lived in private households were wholly or partly dependent on community services for help. Most disabled elderly people used acute hospitals during a 2 year follow up, underlining the need for better integration between acute and long term care.

Including a placebo arm in a trial is likely to reduce recruitment

Little is known about the effect on recruitment of including a placebo arm in a clinical trial. On p 1114 Welton et al asked postmenopausal women to consider participation in a long term randomised controlled trial of hormone replacement therapy. Half were told about a trial of two treatments, and half were told about a trial of the same two treatments and a placebo arm. The proportion willing to enter the trial with the placebo arm was lower than that willing to enter the trial of active treatments only, but not significantly so. Reasons for wanting to take part were altruism and personal benefit, and reasons for not wanting to take part were reluctance to restart periods, not wanting to interfere with good health, and not wanting to take unknown or unnecessary tablets. Recruitment to trials might be increased if participant information included the potential benefits for others as well as potential personal benefits and risks.

Racist patients present a dilemma for healthcare workers

On p 1129 Selby describes being confronted with a patient expressing appallingly racist views. Eventually the ward sister segregated him at one end of the ward where he could not be heard by other patients from ethnic minorities. Selby had remained courteous to the patient but felt uncomfortable that her silence could be interpreted as agreement. Commentators on this dilemma acknowledge the limited scope for action but they suggest that doctors in this situation should state their disagreement with racist views. Moreover, hospitals should have policies on such behaviour, to support healthcare workers taking some action.