

Most doctors were against drinking any alcohol while on call (table), but 14% felt that social drinking was acceptable, and one fourth thought that in their specialty some alcohol use is safe. In response to asking how many drinks a doctor in their specialty could safely drink while on call, 94/129 (73%) answered 0, 12/129 (9%) answered 1, 5/129 (4%) answered 2, 6/129 (5%) answered 3, and 13/129 (10%) answered 4 or more. A quarter admitted to drinking alcohol while on call, and 64% and 27% reported having encountered colleagues whom they suspected had used or were impaired by alcohol while on call, respectively. Almost all doctors believed that patients care whether they use alcohol while on call, but doctors were divided about their obligation to inform patients before seeing them.

Multivariable analysis showed that sex and specialty were not associated with doctors' responses. Older doctors, however, were more likely to report encountering doctors whom they suspected had used or were impaired by alcohol while on call.

### Comment

Although almost all doctors think that patients care whether they use alcohol while on call, there is substantial disagreement about the use of alcohol while on call and doctors' obligation to inform their patients if they have been drinking. More data need to be obtained about these issues, and the medical profession and society need to discuss the balance between personal freedom and professional obligation to patients. Medical societies need to include stronger declarations about drinking alcohol while on call in their ethical codes, before the issue is decided for them.<sup>4 5</sup>

Contributors: JW helped conceptualise the study, design the questionnaire, and write the paper. TA supervised the implementation of the study and helped write the paper. JP helped design the questionnaire, review the literature, interpret the findings, and write the paper. ND was involved in all aspects of the study and is guarantor.

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Competing interests: None declared.

1 Ethics case study: the dilemma of dealing with an impaired colleague. In: *American College of Physicians ethics manual*, 3rd ed. Philadelphia: American College of Physicians, 1993.

- 2 McAuliffe WE, Rohman M, Breer P, Wyshak G, Santangelo S, Magnuson E. Alcohol use and abuse in random samples of physicians and medical students. *Am J Public Health* 1991;81:177-82.
- 3 Stewart JAD. Doctors who do not feel sober enough to drive should avoid helping in medical emergencies. *BMJ* 1998;317:1158.
- 4 Opinion on practice matters: substance abuse. In: LeBlang TR, Houdek FG, Basant WE, Poole C, annotators. *Code of medical ethics: current opinions with annotations*. 1998-9 ed. Chicago: American Medical Association, 1998: 151-2.
- 5 Federal Aviation Administration Regulations 91.17. <http://www.access.gpo.gov/ecfr/> (accessed 23 Jul 2002).

### Corrections and clarifications

#### *Randomised trial of endoscopy with testing for Helicobacter pylori compared with non-invasive H pylori testing alone in the management of dyspepsia*

Our editing process unfortunately introduced an error into a table that appeared in the full (bmj.com) version of this paper by K E L McColl and colleagues (27 April, pp 999-1002). The headings "Positive for *H pylori*" and "Negative for *H pylori*" in table 6 were inadvertently interchanged.

#### *Randomised study of long term outcome after epidural versus non-epidural analgesia during labour*

A temporary problem with a website and a failure in communication led to a website and an acknowledgment not being cited in this paper by Charlotte J Howell and colleagues (17 August, pp 357-9). One of the authors, Richard B Johanson, died before publication of the paper. His Childbirth Without Fear research programme continues ([www.childbirthwithoutfear.org.uk](http://www.childbirthwithoutfear.org.uk)).

#### *Sex matters: secular and geographical trends in sex differences in coronary heart disease mortality*

The authors of this paper, D A Lawlor and colleagues, have told us that the male:female mortality ratios for lung cancer given in the table are wrong for some countries (*BMJ* 2001;323:541-5). The values should read: Hong Kong 2.3, Israel 3.1, Romania 6.1, Kyrgyzstan 6.2, Lithuania 11.5, Slovak Republic 8.6, Japan 3.8, Kazakhstan 7.3, Estonia 9.4, Hungary 4.2, Slovenia 6.7, Germany 5.0, New Zealand 2.2, Northern Ireland 2.5, Portugal 6.4, Republic of Korea 4.2, Russian Federation 10.0, Scotland 2.2, England and Wales 2.4, Ireland 2.5, Italy 6.9, Finland 7.2, Latvia 10.1, Sweden 1.9, Macedonia 6.2, Greece 7.0, Netherlands 4.7, Spain 12.9, Norway 2.6, France 7.7, Poland 6.4.

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