the views were based on real experiences of using report cards.

These findings should not derail an initiative that has the potential to improve accountability and stimulate improvements in quality. However, the technical barriers, the antipathy of the general public, the impact on professional morale, and the opportunity costs of focusing on public reporting at the expense of other health service reforms, should not be discounted. Policy makers, managers, and health professionals should understand these barriers, recognise the limitations of directly transferring experience from the United States, and ensure that the implementation of public reporting in the United Kingdom is guided by relevant evidence.

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**Corrections and clarifications**

*A POEM a week for the BMJ*
In the opening paragraph of this editorial by Richard Smith (2 November, p 983) we said that the POEM (Patient-Oriented Evidence that Matters) concept was developed by David Slawson and Allen Shaughnessy. It was, but they developed it while they were at the Harrisburg Family Practice Residency in Pennsylvania, not at the University of Virginia, as suggested by our editorial. Allen Shaughnessy is still at Harrisburg, where he is the director of research and associate residency director; David Slawson is now at the University of Virginia. We should also, of course, have spelt Allen Shaughnessy's name correctly every time it came up; unfortunately we didn't—in the second paragraph we left the second "h" out.

*Ultrasound plus mammography may detect more early cancers*
In this "news extra" article by Scott Gottlieb on bmj.com (28 September, www.bmj.com/cgi/content/full/325/7366/678/a), we said that tumours appear black on mammograms. In fact, they appear white, the same as the dense glandular tissue.

*A paper that changed my practice*

## From paper to practice doesn't always take a decade

It's not often that a paper changes practice before it is published. It happened to me, however, and, as its a paper that's only recently been published,[1 2] I wait to see whether it will change many other general practitioners' practice too.

Paul Little and colleagues' study published on 3 August 2002 on the different methods of measuring blood pressure in general practice was carried out in my practice (though I was not involved). Having tried wearing an ambulatory blood pressure monitor for 24 hours some years ago, I knew how uncomfortable it could be. So the opportunity of giving my own patients a home monitor seemed an attractive option without any need to overburden nurses with serial readings. The results of this study were presented to us in the practice, and they seemed to show convincingly that home readings were reliable and acceptable to patients.

A little later, I was reviewing the treatment of a patient with hypertension who had avoided me successfully for some five years. I knew he was terrified of having his blood pressure taken, but I finally insisted that he came in. He sat down with his wife, looking flushed and nervous. I said, "Don't worry. I have no intention of measuring your blood pressure." He immediately relaxed a notch, and, as the consultation went on and I explained to him this new method of monitoring, his facial flushing slowly vanished and, for the first time in years, he started to seem at ease in a doctor's surgery. Sure enough, he took his home loan machine with him (on deposit).

When he returned, his readings for the first time were realistic, with a sensible pulse rate. The adjusted values were acceptable, and I felt as though I was welcoming a lost sheep back into the fold, as our whole relationship warmed and we were able to discuss life in general and lifestyle in a sensible way. He asked if he should buy a machine for himself, but I suggested that he continue borrowing ours and return in a year for some more readings.

As he was about to go, he stopped to tell me something that he thought might interest me. He had read in Saturday's newspaper that researchers based at Southampton University had shown that it was common for patients to have "white coat hypertension" from nervousness and had demonstrated the benefits of home readings of blood pressure. I think he hardly believed me when I told him that the study had been done in our own practice and was the reason why he had been taking home readings himself. He might even have gone home thinking how up to date I was.

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