Key messages

• A total of 200 case and 200 control infants were compared for type of bed and sleeping arrangement (for example, alone or sharing a bed) during the day and night

• Bed sharing during the day was more common in African-American and Latin American families than white families

• Forty five (22.4%) deaths occurred in infants who were sharing a bed

There was lack of evidence of an effect between bed sharing during the day and night and the sudden infant death syndrome

• Future larger studies should investigate unknown physiological or behavioural risk factors of bed sharing and the sudden infant death syndrome

ments, radiant heat, respiratory sounds, odours, and possibly expired gases.3 Infants who share the parents' bed arise more frequently and simultaneously with the mother and spend less time in stage three to four of quiet sleep.3

Although the cause of the sudden infant death syndrome is multifactorial, contemporary hypotheses include defects in arousal or cardiorespiratory control.²⁰ If bed sharing were protective for the sudden infant death syndrome it might override potentially fatal breathing errors or decreasing arousal deficits.²¹ In contrast, bed sharing may increase the risk of the syndrome through accidental suffocation by overlaying or hyperthermia.6 In this study, there was little evidence of an effect of bed sharing on the syndrome. Additional prospective studies are required to determine whether other unknown physiological or behavioural risk factors associated with sharing a bed may increase the risk of the sudden infant death syndrome.

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Style Matters

Protection of patients' rights to privacy

International Committee of Medical Journal Editors

The following statement was agreed by the International Committee of Medical Journal editors (the Vancouver Group) at its meeting last week in San Francisco. It is a complete revision of the initial guidelines on this subject issued in 1991.

Patients have rights to privacy that should not be infringed without informed consent. Identifying information should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that the patient should be shown the manuscript to be published.

Identifying details should be omitted if they are not essential, but patient data should never be altered or falsified in an attempt to attain anonymity. Complete anonymity is difficult to achieve, and informed consent should be obtained if there is any doubt. For example, masking of the eye region in photographs of patients is inadequate protection of anonymity.

The requirement for informed consent should be included in the journal's instructions for authors. When informed consent has been obtained it should be indicated in the published article.

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