surgery in hypertensive patients, but rather to assess whether introducing beta-blockade immediately prior to surgery and continuing it for 30 days reduced the risk of cardiac events in patients at risk of, or with, coronary artery disease, vascular disease, previous stroke, etc. In POISE, about 60% of patients had a history of hypertension, but there are no data on the quality of blood pressure control or the presence or absence of elevated blood pressure at the time of surgery. Hypertension did not figure among the predictors of adverse outcome, and no data suggest that beta-blockade did more harm than good specifically in hypertensive patients.

We are concerned that your editorial may lead some readers to conclude erroneously that patients on beta-blockers may be particularly at risk and that beta-blockers should be stopped. Beta-blockers are no longer first-line treatment for hypertension, yet, in those receiving them for indications such as coronary artery disease or tachyarrhythmias, cessation prior to surgery could be harmful. Indeed, maintaining beta-blocker treatment receives a Class I recommendation in the recent ACC/AHA/ASA and ESC/ESA guidelines.[3,4]

We think this needs to be clarified as misinterpretation of your editorial may result in the unnecessary and potentially harmful discontinuation of beta-blocker therapy.

Pierre Foex,

Emeritus Nuffield Professor of Anaesthetics, Nuffield Division of Anaesthetics, University of Oxford.
E-mail: pierre.foex@nda.ox.ac.uk

John Sear,

Professor of Anaesthetics, Nuffield Division of Anaesthetics, University of Oxford.

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Encouraging medical students to pursue general practice

There are, I am sure, a number of GPs who are still enthusiastic about the job (including those, like me, who are part-time GPs as part of a 'portfolio career') who do not have the time or opportunity to act as GP tutors to medical students or F2 doctors but who would value the opportunity to share our enthusiasm.[1] Perhaps access to registrar half-day training sessions or undergraduate events would provide a forum for this? Or even an evening event?

Dorothy Anne King,

Salaried GP and GP Endoscopist, Fountains Medical Practice and Countess of Chester Hospital, Chester.
E-mail: dorothy.king@nhs.net

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Incidence of cow's milk protein allergy

This was a really useful article and will clear up a lot of the confusion between these conditions.[1] However, I think it is also useful to note that, although the incidence of cow's milk protein allergy (CMPA) in formula-fed babies is around 5–7%, in breastfed babies it is 0.5–1%. That's not to say this is a stick we can use to beat bottlefeeding mothers with, but when a breastfed baby presents with symptoms that may be due to CMPA, we should be slower to assume that this is the case, and certainly should not rush to advise mothers to restrict their diets excessively.

Jan Sambrook,

Salaried GP, Slaithwaite Health Centre, Huddersfield, West Yorkshire.
E-mail: jan@hmmn.org

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Barriers to advance care planning in primary care

One of the main themes to emerge from Mitchell and colleagues' qualitative data analysis is the importance of advance care planning (ACP) in identifying early palliative care needs and recognising the end of life.[1] Other benefits of ACP include less aggressive medical care, improved quality of life near death, assisting families to prepare for a loved one's death, resolving family conflict, and coping with bereavement.[2] Patients however may not wish to engage in discussions about future care as it involves them thinking about a deterioration in their condition and some GPs may be unwilling to initiate ACP discussions as they feel discussing prognosis with patients will cause undue distress and destroy hope.[3]

ACP has the potential to promote patient autonomy and shared decision making,[4] but without a significant change in patients' perception and GP attitudes it is unlikely to be more widely adopted.

Ian Jack Hamilton,

Researcher, Institute of Health and Wellbeing, University of Glasgow.
E-mail: ijdhamilton@doctors.org.uk

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