

- Kampala, Uganda: HIVNET 012 randomised trial. *Lancet* 1999;354:795-802.
- 8 Public Health Service Task Force recommendations for the use of antiretroviral drugs in pregnant women infected with HIV-1 for maternal health and for reducing perinatal HIV-1 transmission in the United States. *MMWR Morb Mortal Wkly Rep* 1998;47:1-30.
  - 9 The International Perinatal HIV Group. The mode of delivery and the risk of vertical transmission of human immunodeficiency virus type 1—a meta-analysis of 15 prospective cohort studies. *N Engl J Med* 1999;340:977-87.
  - 10 Biggar RJ, Miotti PG, Taha TE, Mūmavalye L, Broadhead R, Justesen A, et al. Perinatal intervention trial in Africa: effect of a birth canal cleansing intervention to prevent HIV transmission. *Lancet* 1996;347:1647-50.
  - 11 Gaillard P, Mwanyumba F, Verhofstede C, Claeys P, Chohan V, Goetghebeur E, et al. Vaginal lavage with chlorhexidine during labour to reduce mother-to-child HIV transmission: clinical trial in Mombassa, Kenya. *AIDS* 2001;15:389-96.
  - 12 Fawzi WW, Msamanga G, Hunter D, Urassa E, Renjifo B, Mwakagile D, et al. Randomized trial of vitamin supplements in relation to vertical transmission of HIV-1 in Tanzania. *J Acquir Immune Defic Syndr* 2000;23:246-54.
  - 13 Burns DN, FitzGerald G, Semba R, Hershov R, Zorrilla C, Pitt J, et al. Vitamin A deficiency and other nutritional indices during pregnancy in human immunodeficiency virus infection: prevalence, clinical correlates, and outcome. Women and Infants Transmission Study Group. *Clin Infect Dis* 1999;29:328-34.
  - 14 Nduati R, John G, Mbori-Ngacha D, Richardson B, Overbaugh J, Mwatha A, et al. Effect of breastfeeding and formula feeding on transmission of HIV-1: a randomized clinical trial. *JAMA* 2000;283:1167-74.
  - 15 Nduati R, Richardson BA, John G, Mbori-Ngacha D, Mwatha A, Ndiya-Achola J, et al. Effect of breastfeeding on mortality among HIV-1 infected women: a randomised trial. *Lancet* 2001;357:1651-5.
  - 16 Coutsoydis A, Pillay K, Kuhn L, Spooner E, Tsai WY, Coovadia HM. Method of feeding and transmission of HIV-1 from mothers to children by 15 months of age: prospective cohort study from Durban, South Africa. *AIDS* 2001;15:379-87.
  - 17 Gray G. The PETRA study: early and late efficacy of three short ZDV/3TC combination regimens to prevent mother-to-child transmission of HIV-1 [abstract LbOr5]. XIII International AIDS conference, Durban, South Africa, 9-14 July 2000. [www.aegis.com/conferences/13WAC/LbOr5.html](http://www.aegis.com/conferences/13WAC/LbOr5.html) (accessed 21 Aug 2001).
  - 18 Owor M, Duefield C, Musisi M, Fleming T, Musoke P, Guay L, et al. The one year safety and efficacy data of the HIVNET 012 trial [abstract LbOr1]. XIII International AIDS conference, Durban, South Africa, 9-14 July 2000. [www.aegis.com/conferences/13WAC/LbOr1.html](http://www.aegis.com/conferences/13WAC/LbOr1.html) (accessed 21 Aug 2001).
  - 19 Wiktor SZ, Leroy V, Ekpinu ER, Alioum A, Karon J, Msellati P, et al. 24-month efficacy of short-course maternal zidovudine for the prevention of mother-to-child HIV-1 transmission in a breast feeding population: a pooled analysis of two randomised clinical trials in West Africa [abstract TuOrB354]. XIII International AIDS conference, Durban, South Africa, 9-14 July 2000. [www.aegis.com/conferences/13WAC/TuOrB354.html](http://www.aegis.com/conferences/13WAC/TuOrB354.html) (accessed 21 Aug 2001).
  - 20 Church J, Cunningham C, Palumbo P, Sista P, the P1005 Team. Safety and antiviral activity of chronic subcutaneous administration of T-20 in HIV-1-infected children. Program and abstracts of the 8th Conference on Retroviruses and Opportunistic Infections; February 4-8, 2001; Chicago, Illinois. Abstract 681. [www.retroconference.org/2001/abstracts/abstracts/abstracts/681.htm](http://www.retroconference.org/2001/abstracts/abstracts/abstracts/681.htm) (accessed 1 August 2001).
  - 21 Analysis of prevalence of HIV-1 drug resistance in primary infections in the United Kingdom. *BMJ* 2001;322:1087-8.
  - 22 Farmer P, Leandre F, Mukherjee JS, Claude M, Nevil P, Smith-Fawzi MC, et al. Community-based approaches to HIV treatment: DOT-HAART in resource-poor settings. *Lancet* (in press).
  - 23 World Health Organization, UNAIDS. Module 5: laboratory requirements for the safe and effective use of antiretrovirals. In: WHO Initiative on HIV/AIDS and Sexually Transmitted Infections (HSI). Nine guidance modules on antiretroviral treatments June 1998. [www.who.int/HIV\\_AIDS/antiretroviral\\_modules/indexar.htm](http://www.who.int/HIV_AIDS/antiretroviral_modules/indexar.htm) (accessed 1 August 2001).
  - 24 Boni J, Opravil M, Tomasik Z, Rothen M, Bisset K, Grob P, et al. Simple monitoring of antiretroviral therapy with a signal-amplification-boosted HIV-1 p24 antigen assay with heat-denatured plasma. *AIDS* 1997;11:F47-52.

## Correction

### Infantile colic

In this "Extract from *Clinical Evidence*" by Sally Wade and Teresa Kilgour (25 August, pp 437-40) the number of infants in the five randomised controlled trials looking at the effects of anticholinergic drugs on infantile colic was 134 [not 177] (see last paragraph p 437).

## A memorable patient

### A question of confidence

She took so long in answering the door and was so breathless when she did so, that I immediately thought that Agnes should be in hospital. A brief chat and examination in her cramped sitting room confirmed that she was in severe left ventricular failure, which had been worsening for nearly a week. I had never met her before, and she was obviously distressed that my partner, who usually sees her, could not come.

"I think we should send for an ambulance to get you into hospital for a few days," I ventured.

Her face froze with fear: "Oh, no. Hospitals are such awful places—noisy, dirty, and, of course, you read about so many mistakes being made and old people being so badly treated nowadays." She wouldn't hear of it.

Sadly, this has been a common enough reaction from older patients in my experience for a long time. What followed, however, was completely new to me.

"Never mind then, we'll try an injection of some medicine instead to get all this fluid off your lungs." I was already reaching for the ampoule when the look of horror flashed over her for a second time.

"Isn't there a tablet I can have instead, doctor?"

I seemed to read her mind and thought I could see her reading mine. "Well, I could give you the same medicine in tablets. Have you got anyone who can get it for you quickly?" (I do not usually carry frusemide tablets with me).

Her nephew was on his way, and she was expecting him in about 20 minutes, so I left her with the prescription. The next day her regular doctor went in to review her and told me she was much better.

But I was not. Though his name was never mentioned, I was deeply troubled that Agnes might

have worried that I could be another Harold Shipman when I wanted to inject her. Months later, I was still wondering if I wanted to carry on practising in a so called health service where elderly patients are not only alarmed by the standard of care they assume they will get in hospital but now also fear that any general practitioner they have not seen before cannot be trusted to give them an injection. What a sad commentary on the current climate in which we practise.

As the Elijah mood grew upon me, I thought that this would make a good story for the *BMJ*. But first it was essential to find out if my hunch had been correct. My long-suffering partner agreed to visit Agnes once more and ask her about it. "Oh, no," she smiled, "I've always had a mortal fear of needles. That was all."

But, of course, it wasn't quite all. Though delighted to discover my interpretation of events was unfounded, I remain unsettled by this episode. It shows that, even though Shipman's legacy may not have destroyed the confidence of my patients in me, it has substantially reduced my confidence in treating them.

Trevor Stammers *general practitioner, London*

We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.