



Patient Education September, 2003

1: BMJ. 2003 Aug 16;327(7411):382.

Information for patients: What happens during cognitive behaviour therapy for bulimia.

Tonks A.

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PMID: 12919995 [PubMed - indexed for MEDLINE]

2: BMJ. 2003 Aug 16;327(7411):379.

High result in prostate specific antigen test.

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Publication Types:

Review

Review, Tutorial

PMID: 12919991 [PubMed - indexed for MEDLINE]

3: J Natl Cancer Inst. 2003 Aug 20;95(16):1188-90.

Scrutinizing quality measures: people generally satisfied with quality of cancer care.

Christensen D.

Publication Types:

News

PMID: 12928338 [PubMed - indexed for MEDLINE]

4: JAMA. 2003 Aug 27;290(8):1075-82.

Ethics of phase 1 oncology studies: reexamining the arguments and data.

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Phase 1 oncology trials are critical to improving the treatment of cancer. Critics have raised 2 fundamental ethical challenges about phase 1 cancer research: the paucity of benefits with substantial risks and poor-quality informed consent. Despite 3 decades of controversy about phase 1 oncology research, there is little critical analysis of the arguments or of the data relevant to these questions. Existing but old data reveal that about 5% of patients in phase 1 trials experience shrinkage of their tumor, with a 0.5% mortality rate. In some notable cases, patients in phase 1 trials have been cured or sustained long-term remissions. Limited data suggest that patients in phase 1 trials may have better quality of life than comparable patients receiving supportive care. More important, the risks and benefits of phase 1 trials are not clearly worse than risk-benefit ratios used by the US Food and Drug Administration to approve chemotherapeutic agents for clinical use. The objections based on informed consent are deficiencies of disclosure, understanding, and voluntariness. The available data do not support the claim that disclosure is deficient. Although studies evaluating patient understanding have substantial methodological problems, they demonstrate that more than 70% of patients understand that they may not directly benefit even when they hope they will personally benefit. Finally, a closer look at issues of voluntariness reveals that patients with advanced cancer who participate in phase 1 research may have a different set of values than do critics and are not coerced. Overall, it appears that phase 1 oncology trials satisfy the requirement for a favorable risk-benefit ratio and that patients who enroll provide adequate informed consent.

PMID: 12941681 [PubMed - indexed for MEDLINE]

5: Mayo Clin Proc. 2003 Jun;78(6):716-22.

Use of the vital sign stamp as a systematic screening tool to promote smoking cessation.

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OBJECTIVES: To examine the ability of a simple system-wide screening assessment tool, an expanded vital sign stamp, to increase rates of smoker identification, physician advice to quit smoking, and physician assistance in quitting and abstinence rates. **PARTICIPANTS AND METHODS:** This study is a pretest, posttest design in which 5 primary health care clinics were randomly assigned to either the intervention condition, which received the vital sign stamp, or the control condition. Participants (N = 9439) were surveyed by using exit interviews at the 5 clinics, both before and after the vital sign intervention was implemented. Participants who were identified as smokers were then contacted 1 year later for follow-up. The study began in February 1995, and all follow-up visits were completed by December 1998. **RESULTS:** Implementation of the vital sign stamp

significantly increased the rates at which physicians asked participants about their smoking status (17.2% vs 7.5%). However, the rates of physicians advising smokers to quit, assisting them in quitting, and arranging follow-up either stayed constant or decreased. The number of quit attempts and abstinence rates also stayed constant. CONCLUSION: A simple system-wide screening assessment tool, while effective in identifying more tobacco users, did not increase the rates at which physicians advised or assisted smokers to quit. Further system-wide changes may be needed to ensure that effective tobacco-dependence treatments are given to smokers.

PMID: 12934781 [PubMed - indexed for MEDLINE]

6: Perspect Psychiatr Care. 2003 Apr-Jun;39(2):47-8.

Real life and reel life.

Paquette M.

Publication Types:
Editorial

PMID: 12953717 [PubMed - indexed for MEDLINE]