

given priority for placement. Others have introduced the concept of a specialist social worker, working within a regional framework to place patient impartially¹. A radical (and effective) model is that of the Swedish reforms which placed financial responsibility for long-stay 'bed-blocking' patients on municipalities rather than hospital Trusts⁴.

The problem of delayed discharge is an everpresent concern in most hospitals. Steps to reduce these delays must have audit as their basis if they are reasonably expected to identify areas of concern and restructure them. We hope our findings will encourage similar study and perhaps a change in practice.

References

- 1 Coid J, Crome P. Bed blocking in Bromley. *Br Med J* 1986;242:1253–6.
- 2 Gross PA. Epidemiology of hospital acquired pneumonia. *Seminars in Respiratory Infections* 1987;2:2–7.
- 3 Donaldson LJ. Characteristics of elderly people misplaced in hospitals and homes. *Public Health* 1983;97:257–63.
- 4 Styrborn K, Thorslund M. 'Bed-blockers': delayed discharge of hospital patients in a nationwide perspective in Sweden. *Health Policy* 1993;26:155–70.

BH HAYEE
SHO Medicine
Kent & Sussex Hospital, Tunbridge Wells

J MIELL
Senior Lecturer and Consultant Physician
University Hospital Lewisham, London

Clinical Medicine

Journal of the Royal College of Physicians of London

Volume 1 January–December 2001

Subject Index

- Ageing
 - research for an ageing society, 305–6
- Alcoholic hepatitis
 - management of (CME section), 281–4
- Antibiotics
 - clinical implications of antimicrobial resistance (Conference report), 408–12
- Arrogance
 - medical (Editorial), 339–40
- Arthritis
 - guidelines for, 389–91
- Aspirin
 - past, present and future (College lecture), 132–7
- Asthma
 - eosinophil trafficking in (College lecture), 214–18
- Aviation medicine
 - safe travel by air, 385–8
- Back pain
 - acute, 188–9
- Biological weapons
 - (Conference report), 502–4
- Book reviews, 80–81, 153, 323, 418
- Bristol Report
 - Bristol and Kennedy: 'take-home' messages for physicians (Editorial), 342–3
- Cardiology
 - acute coronary syndromes (College lecture), 206–211
 - cardiovascular risk reduction in diabetes, 472–7
 - management of atrial fibrillation, 190–93
 - monitoring care in acute myocardial infarction (Conference report), 70–71
- Clinical science
 - post-genome integrative biology (College lecture), 393–400
- CME sections
 - general internal medicine, 177–93, 266–98
 - haematology, 350–70, 432–51
 - rheumatological and immunological disorders, 7–24, 98–114
- College Report
 - consultant physicians working for patients, 348–9
- Communication skills
 - teaching communications skills using videotaped consultations, 203–4
- Complementary medicine
 - importance of care and compassion (Conference report), 223–6
 - messages from (Editorial), 165–6

- Consent and legal issues
 enigma of consent, 118–20
- Consultant
 what is a consultant? 127
- Consultation in art, 69,146, 219, 319, 407, 501
- Continuing professional development (CPD)
 whither CPD? Let common sense prevail (Editorial), 96–7
- Conversations with Charles, 157–8, 329–30, 421–2, 514
- Death certificates
 improving the certification of death and mortality statistics, 122–5
- Debate
 civilised arguing, 471
- Depression
 in advanced cancer, 175–6
- Diabetes
 cardiovascular risk reduction in, 472–7
 dialogue and interchange across the primary/secondary interface, 374–7
- Dying, *see* Terminal care
- Editorials, 5, 93–7, 165–76, 257–65, 337–49, 429–30
- Errors, clinical
 learning from mistakes (Editorial), 264–5
- Ethics
 a bottom line in medical ethics? 455–6
 choices and conjoint twins: a personal view (Editorial), 94
 the court in ethical decision-making, 371–3
 ethical approval for research in central and eastern Europe, 197–9
 ethical issues at the start of life (College lecture), 401–6
 should scientists, God or lawyers decide? 383–4
- Europe
 changing role of the hospital in, 299–304
 ethical approval for research in central and eastern Europe 197–9
 European collaboration in research into rare diseases, 200–2
- Fever
 of unknown origin, 177–9
- Fraud
 COPE report 2000, 462–3
- General internal medicine
 acute back pain (CME section), 188–9
 acute jaundice (CME section), 285–9
 acute renal failure (CME section), 266–73
 curriculum for SHO training (CME section), 50–53
 fever of unknown origin (CME section), 177–9
 hospital-acquired pneumonia (CME section), 180–84
 infections in HIV disease (CME section), 292–5
 management of alcoholic hepatitis (CME section), 281–9
 practical approach to diagnosis of venothromboembolism (CME section), 274–81
 psychological management following deliberate self-harm (CME section), 185–7
 respiratory failure: two forgotten concepts (CME section), 290–91
 training in general (internal) medicine alone, 317–18
- General practitioners
 with special clinical interests (Editorial) 346–7
- Genome
 post-genome integrative biology (College lecture), 393–400
- Government publications
 the challenge for medicine, 194–6
- Guidelines
 for arthritis: ten years on, 389–91
 how to make clinical guidelines work: an innovative report from Holland, 307–8
- Gulf war
 lessons from (Editorial), 5–6
 Gulf war syndrome, 28–35
- Haematology
 autoimmune haematological disorders (CME section), 447–51
 chronic lymphocytic leukaemia (CME section), 350–53
 diagnosis and management of acute myeloid leukaemia (CME section), 358–61
 evidence-based management of deep vein thrombosis and pulmonary embolus (CME section), 438–40
 inherited coagulation disorders (CME section), 435–8
 management of acute myeloid leukaemia, 313–16
 multiple myeloma (CME section), 365–70
 non-Hodgkin's lymphoma (CME section), 362–4
 sickle cell disease (CME section), 441–6
 thrombophilia (CME section), 432–5
 update on chronic myeloid leukaemia (CME section), 354–7
- Hepatitis
 management of alcoholic hepatitis (CME section), 281–4
- HIV
 a Commonwealth emergency; the challenge to medical education, 149–50
 infections in (CME section), 292–5
- Humanities
 in medical training and education, 25–7
 understanding illness and medical humanities (Editorial), 93
- Human rights
 protecting individual rights in the interest of the wider community, 464–9
- Internet
 doctors and the Net, 505–6
e-Clinical Medicine: Why? (Editorial), 429–30
- Jaundice
 acute (CME section), 285–9
- Lectures and orations
 Harveian Oration, 485–94
 Linacre lecture, 54–60

- Milroy lecture, 132–7
 Mitchell lecture, 62–8
 Parks Webber lecture, 393–400
 regional lectures, 138–45, 206–13, 214–18, 495–500
 Samuel Gee lecture, 401–406
- Legal issues
 the court in ethical decision-making, 371–3
- Liver disease
 applications of magnetic resonance spectroscopy to
 (College lecture), 54–60
- Malaria
 cell–cell interactions in the pathogenesis of, 495–500
 Harveian oration, 485–94
- Medical history
 letters from SM Burroughs: the birth of a worldwide
 pharmaceutical enterprise, 320–22
- Medieval uroscopy, 507–9
- Meta-analysis
 uses and abuses of, 478–84
- Metabolic medicine
 training in, 392
- NICE
 annual conference and exhibition, 147–8
- Oncology
 depression in advanced cancer, 175–6
 non-curative chemotherapy for cancer – is it worth it?
 (Conference report), 220–22
- Organ retention
 need for consent, 167–71
- Paediatrics
 the child is the father of the man, 38–43
- Pain
 understanding, 44–8
- Patients and doctors
 the good doctor, 128–31
- Pneumonia
 hospital-acquired, 180–84
- Primary care
 addressing the divide between primary and secondary care,
 172–4
 collaboration between primary and secondary care
 (Editorial), 337–8
- Psychiatry
 psychological management following deliberate self-harm,
 185–7
- Pulmonary hypertension
 genetic and molecular mechanisms of (College lecture), 138–45
- Renal medicine
 acute renal failure (CME section), 266–73
- Research
 clinical research...again (Editorial), 257–8
- control and regulation of scientific and medical research
 (Editorial), 261–3
 COPE report 2000, 462–3
 how doctors and trusts can take advantage of the R&D budget
 (Conference report), 415–17
- Respiratory medicine
 respiratory failure: two forgotten concepts (CME section),
 290–3
- Resuscitation
 perspectives on CPR, 457–60
 to resuscitate or not to resuscitate? (Editorial), 429
- Rheumatological and immunological disorders
 anticardiolipin syndrome: antiphospholipid syndrome
 (CME section), 14–17
 cardiac involvement in rheumatoid disease (CME section),
 18–21
 core knowledge in rheumatology (CME section), 98–103
 infection in the aetiology of spondyloarthropathies
 (CME section), 104–6
 rational therapy in systemic necrotising vasculitis
 (CME section), 7–9
 real connective tissue diseases (CME section), 21–4
 second-line drug therapy for osteoarthritis (CME section),
 110–12
 systemic lupus erythematosus: autoantibodies and apoptosis
 (CME section), 10–14
 tumour necrosis factor blockade in rheumatoid arthritis
 (CME section), 107–9
- Self-harm
 psychological management following deliberate, 185–7
- Skillmix
 in clinical care (Editorial), 259–60
 new staff roles in health care (Conference report), 413–14
- Stem cells
 Progress in research and edging towards the clinical setting,
 378–81
- Terminal care
 medical treatment at the end of life, 115–17
- Thromboembolism
 diagnosis of venothromboembolism (CME section), 274–81
- Training
 curriculum for SHOs, 50–53
 in general (internal) medicine alone, 317–18
- Tropical medicine
 Harveian Oration (College lecture), 485–94
- Tuberculosis and HIV
 and the developing world (College lecture), 62–8
- Wilson's disease
 surviving, 72–4
- Women
 in hospital medicine (Editorial), 344–5