

or other interventions based on questionable scientific data are posted, gain traction and propagated without fact checking. They may often go 'viral' to a global audience – who accept it as received wisdom. Political patronage gives it greater validity. PBM allows an item to transition from quasi-science to almost an element of faith with significant unintended consequences.

An example of PBM in the context of the COVID-19 pandemic was witnessed with the drug hydroxychloroquine. Despite conflicting results from small studies, with no or little evidence regarding prevention discussed in different reviews, it has been adopted as a therapeutic option and made its way into national guidelines.^{3–5} The drug flew off the shelves causing a global shortage for lupus patients who actually would benefit from it.⁶

This was a classic example of the triumph of PBM over EBM. It reinforces the concept that there can be no shortcuts in science, particularly when so much is at stake. The inefficacy of hydroxychloroquine for the treatment of established COVID-19 infection has now been demonstrated in the large prospective RECOVERY trial.⁷ ■

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References

- 1 Evidence-Based Medicine Working Group. Evidence-based medicine: a new approach to teaching the practice of medicine. *JAMA* 1992;268:2420–5.
- 2 Isaacs D, Fitzgerald D. Seven alternatives to evidence based medicine. *BMJ* 1999;319:1618.
- 3 Ferner RE, Aronson JK. Chloroquine and hydroxychloroquine in COVID-19. *BMJ* 2020;369:m1432.
- 4 Kim AH, Sparks JA, Liew JW *et al.* A rush to judgment? Rapid reporting and dissemination of results and its consequences regarding the use of hydroxychloroquine for COVID-19. *Ann Intern Med* 2020;M20-1223 [Epub ahead of print].
- 5 Chattopadhyay A, Mishra D, Sharma V, K Naidu GS, Sharma A. Coronavirus disease-19 and rheumatological disorders: A narrative review. *Indian J Rheumatol* 00;0:0.
- 6 Mehta B, Salmon J, Ibrahim S. Potential shortages of hydroxychloroquine for patients with lupus during the coronavirus disease 2019 pandemic. *JAMA Health Forum* 2020;1:e200438.
- 7 Chief investigators of the Randomised Evaluation of COVid-19 thERapY (RECOVERY) Trial. *No clinical benefit from use of hydroxychloroquine in hospitalised patients with COVID-19*. Nuffield Department of Population Health, 2020. www.recoverytrial.net/news/statement-from-the-chief-investigators-of-the-randomised-evaluation-of-covid-19-therapy-recovery-trial-on-hydroxychloroquine-5-june-2020-no-clinical-benefit-from-use-of-hydroxychloroquine-in-hospitalised-patients-with-covid-19

DNACPR decisions

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Editor – Harrington, Price and Edmonds describe a quality improvement project of documentation and communication of do not attempt cardiopulmonary resuscitation (DNACPR) decisions via

the use of an integrated electronic health records system.¹ However, it is inadequate to describe that the 2014 Court of Appeal in *Tracey v Cambridge Uni Hospital NHS Foundation Trust & Ors* ruled that Janet Tracey's human rights were breached simply as a result of a lack of communication of such a decision.²

Importantly, while simultaneously reinforcing the fundamental professional requirement not to harm, and that cardiopulmonary resuscitation (CPR) cannot be demanded whatever the patient's wishes, the Court of Appeal asserted that the human rights presumption for *involvement* in the decision. This involvement in a decision being a very different responsibility from the communication of a finalised one, requiring an open mind; the desire to understand and achieve wherever possible the wishes and preferences of the individual concerned; and consideration of the person's views in the final decision – which then needs to be communicated appropriately. There need to be convincing reasons not to involve the patient – patient choice would clearly be one, but distress alone would be insufficient, rather requiring a significantly higher threshold of psychological or physical harm. Ultimately, it is this involvement and knowledge of the final decision which then allows the person the opportunity to seek a second opinion if so desired.

Finally, the Tracey judgment should always be understood alongside the subsequent *Winspear v City Hospitals Sunderland NHS Foundation Trust* judgment and that if a person lacks decision-specific mental capacity at the time, the resulting best interests decision requires involvement, where practical and appropriate, with appropriate family / welfare attorney(s) irrespective of the time of day or night.^{3,4} ■

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References

- 1 Harrington L, Price K, Edmonds P. From paper to paperless: Do electronic systems ensure safe and effective communication and documentation of DNACPR decisions? *Clin Med* 2020;20:329–33.
- 2 *Tracey v Cambridge Uni Hospital NHS Foundation Trust & Ors* [2014] EWCA Civ 822. Royal Courts of Justice, 2014.
- 3 *Winspear v City Hospitals Sunderland NHS Foundation Trust* [2015] EWHC 3250 (QB). Royal Courts of Justice, 2015.
- 4 *Mental Capacity Act 2005: Section 4*. GOV.UK, 2012.

NEWS2 system requires modification to identify deteriorating patients with COVID-19

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Editor – The UK National Early Warning Score 2 (NEWS2) was developed as a track-and-trigger system to ensure a nationally uniform, evidence-based approach to early identification of the deteriorating patient in the UK. It allows monitoring of patients' vital signs and succinct reporting to clinical decision makers, facilitating early intervention in deteriorating patients.¹

Patients with severe COVID-19 develop hypoxic respiratory failure reminiscent of acute respiratory distress syndrome (ARDS).² ARDS severity is measured by the Berlin criteria, where degree of severity is defined as deteriorating arterial oxygen partial pressure