

It's free, it's fun, and it's a thoroughly modern Emma's Diary

Emma's Diary, the RCGP's popular and award-winning pregnancy guide, has been given a complete facelift. With a contemporary look, new content and a fresh style, *Emma's Diary* is now thoroughly modern, relevant and even entertaining. It is divided into clearly defined sections: Antenatal, the Diary, the Medical File; and a section on Postnatal has also been introduced. Written in association with RCGP members, *Emma's Diary* continues to be informative and authoritative, and complies with the International Code of Marketing Breast-milk Substitutes. *Emma's Diary* is distributed to 96% of GP surgeries, and as it is updated twice a year it is important that the most recent edition is given to an expectant mother. A free copy of the publication has been distributed to all UK RCGP members with this issue of the *BJGP* as part of the *Emma's Diary* re-launch. If you have not received your free copy please contact Lifecycle Marketing. Tel: 01628 771232
E-mail: enquiries@emmasdiary.co.uk

Would you like to become a member of the Emma's Diary Editorial Board?

An opportunity exists for a new member on the Editorial Board. The Board meets twice a year to review the publication and to discuss relevant issues. They are also required to comment on advertising and promotional material. No fees are payable, but travel costs and locum fees are reimbursed to attend the meetings, which are held at Princes Gate. The successful applicant should be a Member or Fellow of the RCGP, be experienced in general practice, and have a knowledge of and interest in maternity care. Those interested in applying should send a CV, together with a statement of not more than 600 words on why they are interested in the post and what experience and benefits they feel they can bring to the Board, to:

Dr Shauna Fannin
Chairman
Emma's Diary,
RCGP,
14 Princes Gate,
Hyde Park,
London
SW7 1PU.
Closing date:
6th May.



7 April

The Practice Nurse — Developing the Role
Cumerland Lodge, The Great Park,
Windsor
Contact: Sue Daniel
E-mail: tvalley@rcgp.org.uk
Tel: 01628 674014

7 April

MRCGP Preparation Course
MAU — Broomfield Hospital,
Chelmsford
Contact: Deborah Newell
E-mail: essex@rcgp.org.uk
Tel: 01708 805098

8 April

RCGP National Spring Meeting 2005
Hilton Hotel, Blackpool
Contact: Halina Dawson
E-mail: nwengland@rcgp.org.uk
Tel: 01925 662351

12 April

Whither General Practice?
Reeds Hotel, Westfield Lakes,
North Lincolnshire
Contact: Linda Newell
E-mail: humberside@rcgp.org.uk
Tel: 01482 335805

20 April

Shipman: the aftermath for doctors
Liverpool University Medical School,
Liverpool
Contact: Anna Reid
E-mail: mersey@rcgp.org.uk
Tel: 0151 708 0865

20 April

The Shadow of Shipman: implications
from the Shipman Inquiry
Liverpool Medical Institution, Liverpool
Contact: Anna Reid
E-mail: mersey@rcgp.org.uk
Tel: 0151 708 0865

28 April

The Alan Bibby Memorial Lecture
East Riding Medical Education Centre,
Hull Royal Infirmary
Contact: Linda Newell
E-mail: humberside@rcgp.org.uk
Tel: 01482 335805

COINCIDENCE

Once, a woman arrested while I was drawing up the local anaesthetic before inserting an intravenous cannula. Asystole. Dead. A few times around the algorithm made no difference, and the operating list was considerably shorter than planned. Apart from occasional angina, she'd been fine preoperatively; I'd anaesthetised her without incident 6 weeks previously.

Lucky, wasn't I? Five minutes later it would have been my fault, with my nasty anaesthetic drugs. And who could think anything else? Anaesthetist injects drug; patient dies: *res ipsa loquitur* — 'the thing speaks for itself'. Except that in this case the thing spoke incorrectly.

I tell this story frequently. It is one of the most important lessons, not just in medicine but in life: no matter how obvious, association is not necessarily causation, it may just be coincidence. Sir Austin Bradford Hill famously wrote about ascribing cause to disease in 1965, listing nine criteria: strength, consistency, specificity, temporality, biological gradient, plausibility, coherence, experimental evidence, and analogy. Unfortunately, only one — temporality — seems to matter to the public and the media; witness MMR. For some scare stories, mobile phones being the best example of the moment, even temporality is irrelevant, all that matters is the existence of something about which not everything is known. But even Bradford Hill can let us down, because he can't tell us anything about single cases: yes, hypoxia causes fetal cerebral damage; it fits all the criteria — but that doesn't mean damage is necessarily due to hypoxia. On balance, I'd rather be an anaesthetist than an obstetrician.

The world is full of coincidence. I read an article in the *Journal of Medical Ethics* about the science and art of medicine in which the writer had written 'evidence-based decisions ... are like computer-generated symphonies in the style of Mozart — correct but lifeless'. The same day, in an article about computer simulation in *Nature* I read, 'the computer would not be able to generate a single beautiful melody until we can define one'. Of course, it could have been the conjunction of Jupiter and Saturn in my star sign that influenced me to read those two articles on the same afternoon, but it is more likely it was just coincidence.

Which is not to say that coincidence, as with my poor old lady, isn't sometimes a bummer. A friend was drilling into a wall and all the lights went out. Assuming, not unnaturally, that he'd drilled through an electric cable, he stripped all the plaster off the wall. No cable. Coincidentally, the kettle had fused and tripped the circuit breaker.