

specificity of 89%. The likelihood ratio positive increased from 4.4 to 9.1 when considering a positive response to either screening question or the help question, which we consider more than a modest enhancement. The likelihood ratio of a patient who answered yes, wanting help today of having major depression was high (17.5). We agree with Mitchell and Coyne that ultra-short tests need second-stage assessment of those who screen positive. In the TQWHQ, the help question acts as a second-stage assessor, significantly reducing the number of false positives.

Allowing our GPs to see questionnaire data is criticised as contaminating our study. This is missing the point that GP diagnosis was one of the outcomes of the study. GPs had a sensitivity of 79% and a specificity of 94% when using the TQWHQ (measured against the CIDI), meaning that patients are unlikely to receive unnecessary treatment.

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## Patient-centred diagnosis

Wilfred Treasure's review<sup>1</sup> of patient-centred diagnosis betrays one of the flaws in the concept of patient centredness. The presence or absence of pathology is a brute biomechanical fact. It is completely independent of any concepts of patient or doctor centredness.

Good communication skills, empathy

and shared understanding may make the practice of medicine more patient centred, and may help us to diagnose more effectively, and to make the patient's journey more comfortable. It may also help us guide patients away from investigation when serious pathology is unlikely. However, all of medicine is rooted in pathology and no niceties of communication get us round this. Pathology is centred in the patient, (where else could it be?) and so the act of diagnosis is of necessity both patient centred and patient specific.

All medical knowledge is ultimately derived from patients, and is only of use when used to help patients. Yes some of it may be very technical or scientific, but this does not lessen its dependence on, and centring in, the patients we encounter. Practising medicine well, starting with accurate diagnosis, is actually the most patient-centred act any of us can make.

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## Medical situation in Iraq

I am writing to you on behalf of the doctors and people of Iraq.

The situation is so dire I can only apologise to the people of Iraq on behalf of us all. I have seen several documentaries filmed secretly to 'get the message out'. I trust you will take the time to read the following, relating to yet another victim of violence.

Last night I witnessed another (Australia-Iraq produced) documentary on the medical situation in Baghdad, filmed (secretly) in one of the hospitals and the ambulances. To say it was shocking is an under-statement. I will mention one scenario only.

A 6-year-old boy, who was filmed having ADULT size 'chest tubes' (no child size tubes

were available), forced through his ribs, to drain blood from his lungs, with NO anaesthetic (none was/is available).

I feel we all owe an apology to that little boy, and to his family, and to those who had to hold the little boy down and witness his torture, and an apology to the doctors of Iraq.

My work with Iraqi doctors, those remaining, who are overworked and over stressed and who have little tools or therapeutics, who are demoralised by the constant horror, who live in single rooms without hope, whose colleagues and loved ones have been killed in front of them, who often get no pay, cannot afford lunch, who often have no fresh water for themselves or patients, who often have no electricity, who cannot leave the country to further their education, who suffer the humiliation of rejection when they try to do such, has shown them to be some of the nicest and most cultured people in the world.

While I would hope the politicians of the world can sort out the war situation, with the best outcome for the Iraqi people as top priority, we in the medical profession surely must move to help our medical colleagues immediately. Iraqis have had decades of horror and deprivation and surely there is a limit as to how much more they can be expected to endure.

They need medical supplies and equipment. They also need the assistance, I suggest, of an influx of medical professionals, to help fill some of the more urgent gaps and provide some relief. I know the situation is dangerous, and our honourable Iraqi colleagues are the first to warn people away from coming, because of that danger.

We cannot change the past, but we can change the future for the Iraqi people and the doctors trying valiantly to care for them. I believe, if we all took a stand maybe we could turn it around for them. They are worth it.

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