J R Coll Physicians Edinb 2006; **36:**382

HOW ABOUT SOME COURAGE?

Sir,

We read the editorial by AD Toft with much interest. Dr Toft outlined his, and other senior doctors', concerns regarding the medical profession.[1] We must say that his concerns are shared not only by senior doctors, but by many junior doctors too. The medical profession has changed dramatically within a very short time. The system changed from hands-on to hands-'off' experience, from junior doctors being supervised by senior doctors, to senior doctors being supervised by junior doctors, and from well-structured teams providing continuity of care to a 'structureless' team with the absence of continuity of care.

The proliferation of guidelines is going to bring the end of medicine as 'an art'. Guidelines have been treated as 'sacred rules' rather than general framework. Guidelines encourage doctors to deal with all patients with a certain condition in the same manner, which results in lack of an individualised treatment plan that fits each patient. We have noticed from our day-to-day practice that some junior doctors adhere to guidelines without any appreciation for the evidence base that underpins them. We will mention an example in which guidelines have overruled logical thinking. A 102-year-old patient admitted with an acute myocardial infarction and a raised troponin. The patient is from a nursing home with a past medical history of dementia and multiple strokes. She is totally dependent and usually semiconscious. The physician suggested discharging the patient back to the nursing home, because medically, there was very little that could be offered. This decision was opposed, as it didn't meet with the hospital guidelines. Our guidelines state that every patient with raised troponin should be seen by a cardiologist and be admitted to the hospital. As a result, the patient was seen by a cardiologist and was admitted to hospital despite the fact that neither the cardiologist nor the admission to hospital would change the outcome.

We do agree with Dr Toft that serious discussion regarding the profession should take place, and that if relevant bodies do not interfere, doctors could lose their professional role under the influence of politically motivated changes.

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1 Toft AD. How about some courage? *J R Coll Phys Edinb* 2006; **36:**194–5.

RESEARCH MISCONDUCT

Sir,

In response to your editorial about research misconduct in *The Journal*.[1] I believe that, even if the problem is widespread, some improvement is possible.

All applications for funding to grant-giving bodies or universities should include 5% of the total sum requested, allocated to quality assurance, to assure the truth of any data collected. This method of quality assurance would itself be a performance indicator of excellence.

I believe every journal must take responsibility for the truth of what it publishes. I suggest that a journal editor accepting a manuscript from an author should indicate that he must be in a position to audit the truth of the data collected. Approximately 10% of accepted manuscripts and 10% of the data should be audited and only if he discovers some fraud could that increase. There are well-established methods for auditing, and, if done by an independent third party, this would not be a very expensive thing to do. The journals can probably afford it and any expense would be justified on the basis of honesty.

There are, of course, many aspects to research misconduct, but prevention is most important and I believe these two measures would go a long way to improving the current situation.

WS Nimmo

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1 NDC Finlayson. Research misconduct and public trust. *J R Coll Physicians Edinb* 2006; **36:**98–9.