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ARTICLES

Patient Survival after Human Albumin Administration. A Meta-Analysis of Randomized, Controlled Trials 149

M.M. Wilkes and R.J. Navickis

Overall, this meta-analysis of 55 studies detected no effect of albumin on mortality; any such effect may therefore be small. This finding supports the safety of albumin. The influence of methodologic quality on relative risk for death suggests the need for further well-designed clinical trials.

The Effect of Two Different Dosages of Intravenous Immunoglobulin on the Incidence of Recurrent Infections in Patients with Primary Hypogammaglobulinemia. A Randomized, Double-Blind, Multicenter Crossover Trial 165

H.W. Eijkhout, J.W.M. van der Meer, C.G.M. Kallenberg, R.S. Weening, J.T. van Dissel, E.A.M. Sanders, P.F.W. Strengers, H. Nienhuis, and P.Th.A. Schellekens, for the Inter-University Working Party for the Study of Immune Deficiencies

In patients with hypogammaglobulinemia, doubling the standard dose of intravenous immunoglobulin significantly reduced the number and duration of infections.

The Effect of Vancomycin and Third-Generation Cephalosporins on Prevalence of Vancomycin-Resistant Enterococci in 126 U.S. Adult Intensive Care Units 175

S.K. Fridkin, J.R. Edwards, J.M. Courval, H. Hill, F.C. Tenover, R. Lawton, R.P. Gaynes, and J.E. McGowan Jr., for the Intensive Care Antimicrobial Resistance Epidemiology (ICARE) Project and the National Nosocomial Infections Surveillance (NNIS) System Hospitals

Higher rates of vancomycin or third-generation cephalosporin use were associated with increased prevalence of vancomycin-resistant enterococci (VRE) infection, independent of other intensive care unit characteristics and the endemic VRE prevalence elsewhere in the study hospitals. Decreasing the use of these antimicrobial agents could reduce rates of VRE infection in intensive care units.

BRIEF COMMUNICATION

A Prospective Study of *Helicobacter pylori* Seropositivity and the Risk for Future Myocardial Infarction among Socioeconomically Similar U.S. Men 184

P.M. Ridker, J. Danesh, L. Youngman, R. Collins, M.J. Stampfer, R. Peto, and C.H. Hennekens

In a socioeconomically homogeneous population, there was limited evidence of association between *Helicobacter pylori* exposure and risk for future myocardial infarction.

ACADEMIA AND CLINIC

Varieties of Healing. 1: Medical Pluralism in the United States 189

T.J. Kaptchuk and D.M. Eisenberg

At all points in the history of the United States, several medical options have been available to its citizens. The recent increased awareness of alternative medicine represents both a historic continuation of U.S. medical pluralism and a dramatic reconfiguration away from antagonism and toward a postmodern acknowledgment of diversity.

Varieties of Healing. 2: A Taxonomy of Unconventional Healing Practices 196

T.J. Kaptchuk and D.M. Eisenberg

A single definition of alternative medicine that tries to state "what it is" inevitably is not satisfying, since alternative healing includes a wide assortment of heterogeneous therapies and beliefs. A taxonomy of unconventional health care practices can help define alternative medicine and provide a conceptual framework for it.

EDITORIALS

Colloid Use for Fluid Resuscitation: Evidence and Spin 205

D. Cook and G. Guyatt

In this issue, Wilkes and Navickis present a meta-analysis of albumin versus crystalloids in critically ill patients. This meta-analysis has many strengths, but its weaknesses may limit the inferences that can be drawn from its results.

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**Complementary and Alternative Medicine—
An *Annals* Series** 208

D.M. Eisenberg, T.J. Kaptchuk, C. Laine, and F. Davidoff
The special series on complementary and alternative medical (CAM) therapies, launched in this issue, is intended to provide physicians with synoptic reports of the state of the science for commonly used CAM therapies, thought pieces addressing the broader social aspects of CAM therapy, and discussion of topics pertaining to CAM research.

POSITION PAPER

Physician-Assisted Suicide 209

L. Snyder and D.P. Sulmasy, for the Ethics and Human Rights Committee, American College of Physicians–American Society of Internal Medicine

The American College of Physicians–American Society of Internal Medicine does not support the legalization of physician-assisted suicide. Legalization would undermine the patient–physician relationship and the trust necessary to sustain it; alter the medical profession’s role in society; and endanger the value our society places on life, especially on the lives of disabled, incompetent, and vulnerable individuals.

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MEDICAL WRITINGS

“Let Me See If I Have This Right . . .”: Words That Help Build Empathy 221

J.L. Coulehan, F.W. Platt, B. Egner, R. Frankel, C.-T. Lin, B. Lown, and W.H. Salazar

In clinical medicine, *empathy* is the ability to understand the patient’s situation, perspective, and feelings and to communicate that understanding to the patient. Certain well-timed words and sentences facilitate empathy during the clinical encounter. These “words that work” are the subject of this paper.

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