

CONTENTS *Annals of Internal Medicine*

2 October 2001 135 7 477-556

ARTICLES

Durable Treatment-Free Remission after High-Dose Cyclophosphamide Therapy for Previously Untreated Severe Aplastic Anemia 477

R.A. Brodsky, L.L. Sensenbrenner, B.D. Smith, D. Dorr, P.J. Seaman, S.M. Lee, J.E. Karp, I. Brodsky, and R.J. Jones
High-dose cyclophosphamide therapy without bone marrow transplantation produces durable treatment-free remission in severe aplastic anemia. This approach deserves further study in patients with severe aplastic anemia who are not suitable candidates for allogeneic bone marrow transplantation.

Determinants of Vancomycin Resistance and Mortality Rates in Enterococcal Bacteremia. A Prospective Multicenter Study 484

E.N. Vergis, M.K. Hayden, J.W. Chow, D.R. Snyderman, M.J. Zervos, P.K. Linden, M.M. Wagener, B. Schmitt, and R.R. Muder
Vancomycin resistance is an independent predictor of death from enterococcal bacteremia. Early, effective antimicrobial therapy is associated with significant improvement in survival.

Effect of Estrogen plus Progestin on Risk for Biliary Tract Surgery in Postmenopausal Women with Coronary Artery Disease. The Heart and Estrogen/progestin Replacement Study 493

J.A. Simon, D.B. Hunninghake, S.K. Agarwal, F. Lin, J.A. Cauley, C.C. Ireland, and J.H. Pickar, for the Heart and Estrogen/progestin Replacement Study (HERS) Research Group
Estrogen plus progestin therapy among postmenopausal women with known coronary disease resulted in a small, marginally significant increase in the risk for biliary tract surgery.

BRIEF COMMUNICATION

Delayed-Onset Heparin-Induced Thrombocytopenia and Thrombosis 502

T.E. Warkentin and J.G. Kelton
Delayed-onset heparin-induced thrombocytopenia should be suspected when patients present with thrombocytopenia and thrombosis up to 3 weeks after exposure to heparin. This syndrome could be caused by high titers of platelet-activating IgG induced by heparin.

ACADEMIA AND CLINIC

Alternative Medicine: A "Mirror Image" for Scientific Reasoning in Conventional Medicine 507

J.P. Vandenbroucke and A.J.M. de Craen
The scientific behavior of adherents of conventional medicine toward one form of alternative medicine—homeopathy—suggests that physicians may reject seemingly solid evidence because it is not compatible with theory. Further reflection, however, shows that physicians do the same within conventional medical science: Sometimes they discard a theory because of new facts, but other times they cling to a theory despite the facts.

MEDICINE AND PUBLIC ISSUES

Core Safeguards for Clinical Research with Adults Who Are Unable To Consent 514

D. Wendler and K. Prasad
The National Bioethics Advisory Commission has recently proposed new safeguards for clinical research with adults who are unable to consent. Three other major U.S. groups have also proposed additional safeguards, and existing Canadian and European guidelines already include such safeguards. This paper compares the guidelines, highlights their major points of consensus, analyzes their significant differences, and distills six core safeguards.

EDITORIALS

Aplastic Anemia: Which Treatment? 524

J.L. Abkowitz
In this issue, Brodsky and colleagues report on a new option for initial treatment of aplastic anemia: high-dose cyclophosphamide without allogeneic hematopoietic stem cells. Survival at 2 years was 84%. Although the study was small and uncontrolled, the data are provocative.

Implications and Challenges Using Practice Guidelines for Chronic Angina 527

E.M. Ohman and E. Peterson
In this issue and a subsequent issue, two papers present an abbreviated outline of the complete guidelines for the management of patients with chronic stable angina. Guidelines are the first step to synthesizing the evidence and taking advantage of excellent cardiovascular clinical trials and the collective wisdom achieved from careful clinical observation over the past several decades.

Continued on page I-2

POSITION PAPER

Guidelines for the Management of Patients with Chronic Stable Angina: Diagnosis and Risk Stratification 530

S.V. Williams, S.D. Fihn, and R.J. Gibbons

This article is the first of two papers about the care of patients with chronic stable angina. Both articles have been adapted from materials created by the American College of Cardiology, the American Heart Association, and the American College of Physicians–American Society of Internal Medicine. The adaptations in these articles are intended to make the information more useful for clinicians who do not specialize in the care of patients with heart disease.

LETTERS

Prevention of Bleeding in Older Patients Taking Warfarin 548

A.C. Spyropoulos; S. Kajubi; R.J. Beyth and C.S. Landefeld

Inflation of Precision in Medical Reports 549

G.L. Hortin

Severe Liver Injury 550

M. Torres and K.R. Reddy

Correction: Ivermectin Dose in Update in Dermatology 550

Correction: Sprout-Associated Infections 550

MEDICAL WRITINGS

“I Wish Things Were Different”: Expressing Wishes in Response to Loss, Futility, and Unrealistic Hopes 551

T.E. Quill, R.M. Arnold, and F. Platt

In emotionally challenging situations, many physicians attempt to respond empathically by stating “I’m sorry.” Although frequently appropriate, this phrase may be misinterpreted and misdirected. Saying “I wish . . . (things were different)” to the patient and family is a more effective initial response. This paper explicates some of the challenges of saying “I’m sorry” and explores the potential benefits of saying “I wish . . .” in difficult clinical scenarios.

Book Notes 556

Cover photograph by Steve Ladner

Subscription Information I-3

Information for Authors I-4

Authors’ Form I-8