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ARTICLES

Diagnostic Strategies for Excluding Pulmonary Embolism in Clinical Outcome Studies. A Systematic Review 941

M.J.H.A. Kruip, M.G.L. Leclercq, C. van der Heul, M.H. Prins, and H.R. Büller

A normal perfusion lung scan or normal D-dimer levels in a patient with a low clinical probability safely excludes pulmonary embolism. When these tests do not exclude pulmonary embolism, second-level diagnostic strategies include spiral computed tomography, tests for deep venous thrombosis, and pulmonary angiography.

Glimepiride Combined with Morning Insulin Glargine, Bedtime Neutral Protamine Hagedorn Insulin, or Bedtime Insulin Glargine in Patients with Type 2 Diabetes. A Randomized, Controlled Trial 952

A. Fritsche, M.A. Schweitzer, H.-U. Häring, and the 4001 Study Group

In patients taking glimepiride for type 2 diabetes, the risk for nocturnal hypoglycemia was lower with morning or bedtime insulin glargine than with bedtime neutral protamine Hagedorn (NPH) insulin. Morning insulin glargine provided better glycemic control than did bedtime insulin glargine or bedtime NPH insulin.

Cost-Effectiveness of Vaccination against Invasive Pneumococcal Disease among People 50 through 64 Years of Age: Role of Comorbid Conditions and Race 960

J.E. Sisk, W. Whang, J.C. Butler, V.-P. Sneller, and C.G. Whitney

Cost-effectiveness analysis supports not only the current recommendation to vaccinate high-risk people but also extending that recommendation to everyone age 50 through 64 years.

BRIEF COMMUNICATION

Long-Term Effects of Inhaled Corticosteroids on FEV₁ in Patients with Chronic Obstructive Pulmonary Disease. A Meta-Analysis 969

K.B. Highland, C. Strange, and J.E. Heffner

Inhaled steroids probably do not modify the long-term decline in lung function in patients with chronic obstructive pulmonary disease.

IMPROVING PATIENT CARE

Error, Blame, and the Law in Health Care—An Antipodean Perspective 974

W.B. Runciman, A.F. Merry, and F. Tito

The authors argue that our society's need to blame is often counterproductive in health care because it inhibits changes in the systems that contribute to medical error. We need to assure fair and timely compensation to victims of medical error without necessarily affixing blame.

REVIEW

A Physiologic Approach to Diagnosis of the Cushing Syndrome 980

H. Raff and J.W. Findling

An understanding of the physiologic characteristics of the hypothalamic-pituitary-adrenal axis is essential in formulating strategies to confirm the diagnosis of the Cushing syndrome and establish its cause.

PERSPECTIVE

Zen and the Art of Physician Autonomy Maintenance 992

J.L. Reinertsen

The author calls for physicians to practice the *science* of medicine as a community of professionals so that society will allow physicians to continue practicing the *art* of medicine as individual professionals. In a Zen-like paradox, physicians must give up autonomy in order to regain it.

EDITORIALS

Improving Patient Care 996

H.C. Sox

With the paper by Runciman and colleagues, this issue marks the debut of Improving Patient Care, a new *Annals* section that will feature articles about quality improvement and patient safety. The new section will be about the *organization* of practice rather than the *clinical content* of care.

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Patient Safety and the Reliability of Health Care Systems 997

P. Barach and D.M. Berwick

This issue launches a new series called Patient Safety and the Reliability of Health Care Systems. The articles will describe the scientific basis of new and robust ways to transform our culture of health care into a culture of safety.

A Need To Update and Revise the Pneumococcal Vaccine Recommendations for Adults 999

P. Gardner

In this issue, Sisk and colleagues provide strong impetus to reducing the recommended age for universal pneumococcal vaccination to 50 years. What are the concerns and potential problems with such a change?

Inhaled Corticosteroids and Chronic Obstructive Pulmonary Disease: Are We Barking Up the Wrong Tracheobronchial Tree? 1001

P.E. Epstein

Highland and colleagues' report in this issue convincingly shows that in patients with chronic obstructive pulmonary disease (COPD) (but no asthmatic component), the decline in FEV₁ was no slower in those treated with inhaled corticosteroids than in untreated patients and that the initial FEV₁ did not affect the results. As important as these results might be, do they sound the death knell for inhaled corticosteroid use in COPD?

ON BEING A DOCTOR

The Sustenance of Teaching 1003

J. Chamberlain

It was one of those rare lulls practitioners savor. Brief but refreshing. The piles could wait. The mood invited reflection. But then. . . . "Dr. C., I finished with my last patient. Can I tell you about her? She says your sons are friends. She is real interesting for an old person."

ON BEING A PATIENT

A Road Less Traveled 1004

Helen W.

I kept buttoning and unbuttoning my black leather coat, responding to the alternating waves of heat and chill typical

of narcotic withdrawal. It was a familiar sensation, but instead of being at home with the flu, I was sitting in a circle of fellow substance abusers sharing the misery and confusion of early sobriety.

LETTERS

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Fish Oil Therapy in Recurrent IgA Nephropathy 1011

R. Ng

Correction

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Letter available only at www.annals.org

Simvastatin

K. LeBlanc and M.T. Brophy

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J. Fisher Wilson

Cover photograph by Richard B. Babb

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