## Self-serving medical research

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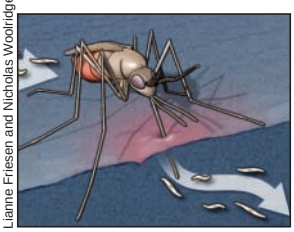
Although priorities in medical research are driven by numerous factors, funding often influences whether an area is researched. Pressure on researchers in developed countries to satisfy those who fund them (e.g., pharmaceutical companies and taxpayers) results in an emphasis on medical conditions that are most applicable to their own societies. Where does that leave the developing world? Using the World Health Organization (WHO) 1999 list of the top 30 causes of global burden of disease and examining the randomized controlled trials (RCTs) published in 6 leading international general medical journals that same year, Rochon and colleagues determined that only 16% of the RCTs were highly relevant to international health.

In a related commentary, Jha and Lavery point out that RCTs are only one component of global health research. Numerous diseases on the WHO's list are curable and do not need to be studied further in RCTs. It is the delivery and availability of the cure that remains a crucial issue for these diseases. The authors also discuss the difficulties in conducting RCTs in developing countries.

**See pages 1673 and 1687**

## Malaria

Each year malaria affects up to 500 million people globally and kills about 2 million, most of whom are children. Although malaria is rarely seen in Canada, its prevalence in developing countries is such that anyone returning from a malaria-endemic country who reports a fever should be considered to have the disease until proven otherwise. Suh and colleagues review the pathophysiology of the disease, including the life cycle of the malaria parasite, and provide practical information on the diagnosis, treatment and prevention of malaria.



Lianne Friesen and Nicholas Woolridge

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## Adverse events in Canadian hospitals

Patient safety has become a major priority in hospital care. Baker and colleagues present the results of a study examining the incidence of adverse events in Canadian acute care hospitals. They found a rate of 7.5 adverse events per 100 hospital admissions (a list providing details of the cases is available in on online appendix). Of the total adverse events, 36.9% were judged to be preventable. Although this study is a retrospective review with inherent limitations in determining causation, the results underscore the need to monitor adverse events to improve the performance of health care professionals and hospitals.

In a related commentary, Davis offers that the paradigm of modern medicine itself may contribute to the incidence of adverse events: patients are consistently moved to higher levels of intervention within a hospital-oriented referral system, perhaps to their own detriment. He advises that this practice should be re-examined, especially for older patients who suffer the greatest proportion of adverse events.

**See pages 1678 and 1688**

## In Synopsis

Johnston comments on the confusion between intravenous solutions of sodium and potassium that led to 2 deaths in the Calgary Foothills Hospital (page 1659). The Canadian Task Force on Preventive Health Care presents its recommendations for the prevention of osteoporosis and osteoporotic fractures in postmenopausal women (page 1665). With the arrival of warmer temperatures, Weir reminds us that West Nile virus infections will again be a concern (page 1669). Urbach reviews a clinical trial on the use of perioperative hyperoxygenation for patients undergoing abdominal surgery (page 1671). Usually detected in the first year of life, Sturge-Weber syndrome diagnosed in a 45-year-old man is the focus of a case reported by Hussain and colleagues (page 1672).

Calgary Health Region