

## Sleep-deprived residents

An expensive, yet modest, overhaul of duty hours for residents in the United States has improved their quality of life. However, it has had no effect on the safety of patients and did not improve the residents' education. Having happier and healthier residents makes the change worthwhile, says Kelsall. **See Editorial, page 1087**

## Erythropoiesis-stimulating agents for anemia in patients with cancer



Erythropoiesis-stimulating agents for anemia in patients with cancer can improve some measures of quality of life and decrease the use of blood transfusions. But they can also increase all-cause mortality and serious adverse events. This is the finding of a systematic review of 52 trials by Tonelli and colleagues. **See Research, page E62**

## Capitation versus fee-for-service reimbursement in primary care

Primary care physicians who adopted the new capitation model for payment, compared with those who opted for an enhanced fee-for-service model, had fewer sick patients, less after-hours billing, more patients who visited the emergency department and fewer new patients. The differences appeared to be pre-existing rather than due to enrolment in the new model of payment, say Glazier and colleagues. **See Research, page E72**

Models of primary care that are person-focused would be more beneficial than models that focus on a disease, says Starfield. **See Commentary, page 1091**

## Dispensing methadone

Cash incentives to patients from pharmacies competing to dispense methadone may not be detrimental to the care of those receiving treatment for addiction. Nosyk and Anis recommend continuing the current pharmacy-based model. **See Commentary, page 1093**

## Infections in the home

Handwashing with soap and water or an alcohol-based hand rub remains the most important measure for preventing transmission, remind Embil and colleagues. **See Review, page E82**



## When medical errors affect many

Little guidance exists for the identification and disclosure of adverse events that affect large numbers of patients. Chafe and colleagues propose steps for addressing such events. They emphasize timely public disclosure and follow-up of patients at risk of harm. **See Analysis, page 1125**

## Diagnosing malaria quickly

A 68-year-old Canadian woman originally from the Congo recovered fully, despite a delay in the diagnosis of malaria. **See Practice, page 1129**



## Low cost drugs for the developing world

Four North American universities, including the University of British Columbia in Vancouver, BC, have made deals with industries that will allow new drugs or devices to be available at low cost to the developing world. **See News, page 1097**