

These recommendations in no way underestimate the depth of the emotional impact of a surgical death on health professionals in general and on surgeons in particular. The pioneering British heart surgeon Lord Brock used to give his senior house officers a copy of an address entitled “A philosophy of surgery” that he had delivered at the Toronto General Hospital in November 1961. Alluding to operative deaths he wrote: “It is the repetition of such experiences that leaves its mark on the surgeon and inevitably influences his life permanently.”¹³ In 1996 I dedicated the Mannheimer Lecture I delivered in Gothenburg to Robert M, “my” first operative death as a heart surgeon 23 years earlier.¹⁴ There is no such thing as induced tolerance to surgical deaths.

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Dr Foster case notes

A new monthly section will provide data on what is happening in health services

Starting this week the *BMJ* will publish a monthly page highlighting data from Dr Foster, an independent, London based organisation that analyses the availability and quality of health care in the United Kingdom and worldwide (www.drfooster.com).¹ We aim to create a page that is rich in data and will allow doctors, managers, and patients to learn from what is happening in the NHS and other healthcare systems. Much of what the *BMJ* publishes arises from experimental studies, particularly randomised controlled trials. Dr Foster case notes will provide an opportunity to see what happens in the real, messy world of practice.

This month's page, for example, analyses data from 132 of the 172 acute trusts in England and shows that trusts that have acute stroke units have an 11% lower hospital mortality from stroke than trusts that don't have such units. This shows that the results from trials are replicated in the real world. The data also show that hospitals with combined acute and rehabilitation units do not have reduced mortality. A further analysis finds that hospitals that scan patients with computed tomography within 48 hours have an 8% reduction in mortality. These are data that should be useful to people caring for patients with stroke and those organising services.

Dr Foster has access to unique and rich data and, importantly, has methods for ensuring the quality of those data. Dr Foster uses data kept for administrative purposes, such as the United Kingdom's hospital episode statistics and census data, and self reported data from hospitals that were collected by survey. New methods enable fast, accurate identification of potential problems in clinical performance—and areas of

high achievement. The ultimate aim is to have real time data.

The key movers of Dr Foster include researchers Paul Aylin and Brian Jarman (who is currently president of the BMA), and Tim Kelsey, a former *Sunday Times* journalist. Dr Foster first launched in January 2001 with the publication of the *Hospital Guide*. Subsequently it has published a series of guides detailing the availability and standards of local health services in a number of areas—from the *Good Birth Guide* to the *Hospital Consultant Guide*. Since 2003 it has broadened the scope of its work to include comparative analyses of health data from the United States and Europe.

The appetite for information about clinical performance is undoubtedly growing. Patients are keen to assert choice and to demand a healthcare system that is responsive to their needs. Governments are eager to know how systems such as the NHS are performing, what they cost, and how they can be improved. Some doctors may hanker after a world in which such data were not available, but that would mean overlooking the tremendous insights they offer.

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1 Dr Foster case notes. *BMJ* 2004;328:369.