Q: Should we be worried about people buying medicines on the internet?
Researchers in Australia surfed the web and found 104 sites in 13 different countries where they could obtain Sudafed and St John’s wort products. The researchers later received products from 27 of these websites. They concluded that the quality of information was poor. Only 63 of the sites had any information, and there were some potentially dangerous omissions: only three suppliers of the St John’s wort provided adequate warnings on the several known dangerous interactions. “We conclude that internet technologies should be used to develop ethical and innovative practice models that make the management of medications for consumers easier, simpler, and safer to achieve positive health outcomes, but surfing and self-medicating is currently not safe”.

See page 88

> ACTION POINT
Senior managers need to do more if they want to introduce a culture of safety into their hospitals.

Q: How do health professionals feel about clinical practice guidelines?
A group of researchers in The Netherlands sent a questionnaire to 1656 dentists asking them what they thought of evidence-based clinical practice guidelines. Just over half (54%) agreed that it was “important that clinical practice guidelines should be developed to support dental general practitioners in clinical decision making”. Slightly more (56%) said they were afraid that clinical practice guidelines would severely limit the freedom of choice for dentists. The authors write: “To achieve successful implementation of clinical practice guidelines it will be necessary to discuss the advantages and disadvantages with dentists continuously, to emphasise the positive aspects, and to ascertain that the proposed diagnostic and treatment strategies contained in a guideline will decrease the occurrence of the reported negative aspects.”

See page 107

> ACTION POINT
If clinical practice guidelines are to be effective, health professionals need to be convinced of their value.

Q: Can we use financial incentives to improve quality of care?
Increasingly, concerns have arisen about the quality of healthcare provision. Health workers are worried, costly errors keep occurring, and evidence is growing that many treatments are ineffective and inappropriate. In this review the authors argue that we need to improve processes, disseminate knowledge, and engage patients. Payment mechanisms and the use of financial incentives could be used to do this, but the authors warn that there will be “significant challenges”. We do not yet have enough evidence on what works, direct and indirect costs will be daunting, and the complexity of the healthcare sector means that any approach is likely to have unintended consequences. The authors write: “Recognising the inherent limitations of any one method or strategy implies the need to use a blend of approaches with complementary effects”.

See page 100

> ACTION POINT
We have much to do if we are to use financial incentives to improve quality of health care.