Some physicians staffing emergency rooms (ERs) across America have not been adequately trained to stop bleeding, resuscitate a child, or to treat a patient in cardiac arrest, among other health emergencies. These findings are revealed in a report commissioned by the Josiah Macy Jr Foundation of New York, an organization dedicated primarily to the funding of medical education. The foundation commissioned 38 medical experts to study physician staffing in ERs.

Panel members point to moonlighting practices as a primary reason for the lack of emergency medical skills. Specifically, the report notes, "Many 'moonlighters' lack training and adequate experience in any aspect of primary health care." Fewer than 20% of American medical schools require courses in emergency medicine, according to this report. Approximately half of the 25,000 physicians working in emergency medicine are board-certified, according to the panel's findings.

"When a young person finishes medical school, [he/she] might not know how to treat these things as well as a paramedic," asserts Lewis Goldfrank, MD, a panel member, and the director of emergency medicine at Bellevue Hospital in Manhattan.

The worldwide death toll from smoking continues to escalate, according to a report issued by the Imperial Cancer Research Fund.So much so, that by the year 2020, the number of smoking-related deaths worldwide will have reached 10 million.

Each day smoking kills one person every 10 seconds, "killing more than the other causes of death in Western countries put together," says Professor Richard Peto of the research fund.

The statistics are a compilation from studies conducted in the United States and Britain among other developed nations since 1950.

The researchers expect these numbers only to get worse as the addiction to smoking takes strong hold in developing countries.

The benefits of screening healthy men for prostate cancer are once again being questioned in the latest research, published in the September 14 issue of *JAMA*.

Researchers analyzed general population cohorts of various ages and baseline prevalences of prostate cancer. Included in this analysis were high prevalence populations, namely black men with a family history of prostate cancer. Using a decision analytic cost-utility analysis, the researchers compared four screening programs with no screening at all for life expectancy, quality-adjusted life expectancy, and cost-utility ratios.

The screening programs included were: digital rectal examination (DRE) alone, followed by ultrasound-guided biopsy for a palpable nodule; prostate-specfic antigen (PSA) testing alone, with a confirmatory DRE and transrectal ultrasound (TRUS) if the initial PSA measurements were higher than a specific level; DRE and PSA together, with a confirmatory TRUS before performing a biopsy, a procedure done only if the PSA levels alone were elevated; and a combination of PSA, DRE, and TRUS, with ultrasound-guided biopsy performed if any of the screening tests by themselves elicited an abnormal result. Each of these screening programs had been administered only once.

Allthough the authors conclude that screening may "marginally reduce prostatic cancer mortality for men between the ages of 50 and 70 years," they also note that "the benefits of reduced prostatic cancer mortality are more than offset by the morbidity of prostatic cancer treatment. In the aggregate, we predict that screening will result in net harm greater than net health improvement."

In an accompanying editorial, urologist Gerald W. Chodak, MD, writes, "... the best message ... is for clinicians to counsel men about the potential trade-offs associated with screening and treatment and have them decide about being tested."

Saturated fats play some role in the development of ovarian cancer, according to the latest research conducted by scientists at Yale University and the University of Toronto.

In the first large-scale study to date, the researchers examined the diets of 450 Canadian women who had ovarian cancer and com-