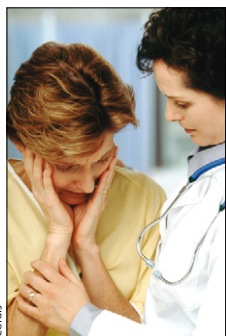


Trust in critical care



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When critically ill patients are unable to communicate, discussions between doctors and patients' relatives or appointed surrogate decision makers can inform treatment decisions. These discussions also help relatives come to terms with a potentially poor prognosis. As communication skills have increasingly become part of doctors' training, discussions of possible outcomes with relatives should have improved. But barriers to a shared understanding of prognosis still exist.

Douglas White and colleagues studied perceptions of prognosis in 169 surrogate decision makers (including 167 relatives) for patients in four intensive care units at the San Francisco Medical Center, University of California. The study, published in the *American Journal of Respiratory and Critical Care Medicine*, showed that whether doctors used numerical or descriptive ways to communicate a 10% chance of survival, the surrogates' estimates of survival were more than double this value (22% for the numerical, and 26% for the descriptive group). This overestimate occurred even though many surrogates acknowledged that the doctors had told them that the

prognosis was much poorer than these values. The study shows that the discrepancy between physicians' and surrogates' perceptions of prognosis exists despite the use of exemplary communication skills.

Although doctors think that predicting prognosis is difficult, their experience generally allows them to give an estimate that is as accurate as more objective methods (eg, the APACHE II score). Surrogates, on the other hand, bring knowledge of the patient's personality, and their own observations of the patient's condition, as well as their personal feelings, whether optimistic or religious, to bear on their judgment of prognosis. In fact, in another study by White, only 2% of surrogates based their estimate of prognosis solely on information provided by the doctor.

Interestingly, surrogates' estimates of prognosis tended to be closer to the physicians' if the physicians were said to be trusted; surrogates tended to be more optimistic when they trusted the doctor less. Therefore, even with optimum communication skills, doctors still have work to do. To improve discussions of prognosis, doctors should now strive to improve skills that foster trust. ■ *The Lancet*

For the **Articles by White and colleagues** see *Am J Respir Crit Care Med*; published online June 10, 2010. DOI:10.1164/rccm.201002-0262OC; and *Crit Care Med* 2010; **38**: 1270–75

G8–G20: standing at a crossroads



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Russia's President Medvedev

All eyes were on Canada, as first the G8 summit in Muskoka and then the G20 summit in Toronto delivered their visions for the future. It is the first time that the two groups have met so close in time and space, and provides an opportunity to gauge what we can and should expect in terms of global health governance from two very different groups.

A welcome cornerstone of the G8's final communiqué was the Muskoka Initiative, which seeks to raise US\$30 billion of new funds from G8 members plus a group of non-G8 countries over the next 5 years to meet Millennium Development Goals 4 and 5 on maternal, newborn, and child health. However, with the 2011 G8 hosts, France, yet to commit to keeping maternal, newborn, and child health on next year's agenda, and with the G8 still licking its wounds after falling \$15 billion short of its 2005 Gleneagles commitments, there is ample opportunity for the G20 to seize the initiative on global health.

The G20 were willing to take up the slack from the G8 on that most benighted of issues, financial regu-

lation. On June 23, 2010, we published a Viewpoint by Sudeep Chand and colleagues that posed the question: should health be next? Judging by the final communiqué from Toronto, the G20 does not yet have an answer. The communiqué mentions health only once, in the context of strengthening social safety nets. However, it did commit to forming a Working Group on Development tasked with devising a development agenda to be outlined at the Seoul G20 summit in November. Health has to be central to this agenda.

Brazil, Russia, India, and China signalled their intention to take a more active role in world affairs in June last year, with Russian President Dmitry Medvedev marking the first ever summit between the four countries by saying they wanted to "create the conditions for a fairer world order". These countries have the political and economic capital to set the G20 agenda on health, so let us hope they recognise that health security is not an optional extra for a stable and prosperous world. ■ *The Lancet*

For the **Viewpoint by Chand and colleagues** see <http://download.thelancet.com/flatcontentassets/pdfs/S014067361060997X.pdf>