

CORRESPONDENCE

to risk the misunderstandings and polarization that have characterized the abortion issue.

Vincent points out that the distinction between active and passive euthanasia is fuzzy. As others have emphasized,¹ perhaps the fundamental question in the euthanasia debate is not whether our actions are "killing" (active) *versus* "allowing to die" (passive) but, rather, who is making the choice. As we move down the slippery slope from individuals choosing death for themselves to others choosing death for them, the ethical justifications become more difficult. Vincent shows just how far the Europeans have progressed down that slope.

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Pitfalls in Performing Meta-analysis: I

To the Editor:—We read with interest the meta-analysis by Sorenson and Pace¹ comparing the effects of regional and general anesthesia on morbidity and mortality in patients undergoing surgical repair of a femoral neck fracture. We have some concerns regarding the meta-analysis of 246 cases evaluated for the presence of deep venous thrombosis (DVT). The conclusions were based on data in the three articles by Davis *et al.*,² Davis and Laurensen,³ and McKenzie *et al.*⁴ Unfortunately, the two studies by Davis *et al.* appear to contain overlapping DVT data, as is stated in the methods section of the 1981 paper.³ Also, although 132 patients were entered into the study, only 90 received labelled fibrinogen and only 76 produced "adequate scanning data" for analysis. Thus, only 116 cases (76 from Davis and Laurensen and 40 from McKenzie *et al.*) are available for analysis, not 246. If the 116 cases in the studies by Davis and Laurensen and Mackenzie *et al.* are pooled, DVT was diagnosed by ¹²⁵I-fibrinogen scanning or venography in 46 of 59 general anesthetic patients (78%) and 25 of 57 subarachnoid block patients (43%). This may prove to be statistically significant, and we would be interested in the results of a reanalysis of the data.

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