We agree that current meta-analysis findings are of limited use in clinical risk assessment. The generally small effects found suggest that any such instrument would be too inaccurate. However, further research has much more to offer. There may be major differences in predictive factors for differing age-groups, genders, diagnoses, etc. Increasingly, we have large electronic databases of patients and events that can be used for case comparison studies. Future research using these datasets needs to explore any differences in predictive factors within subgroups. This may lead to more accurate risk assessment tools. Approaches based on short-term prediction may also prove to be more practically useful (1–3). More traditional narrative reviews may also have much to offer the practicing clinician in addition to the bare bones actuarial data provided by meta-analysis. Our recent review of the inpatient suicide literature highlighted the importance of support and supervision and provided some clear pointers for clinicians (4).