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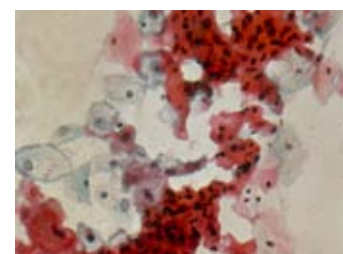
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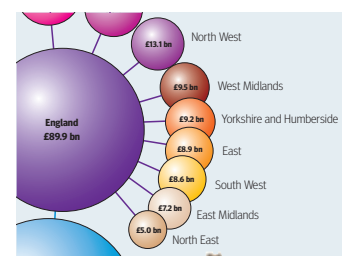
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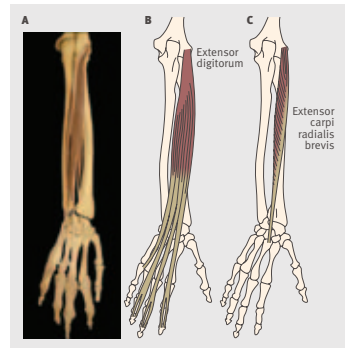
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Missing evidence
 for your appraisal
 folder?

BMJ Masterclasses

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**PICTURE OF THE WEEK**

Sesame Square, based on the famous US children's television programme *Sesame Street*, has started being broadcast in Nigeria. The show features an HIV positive muppet called Kami (left), and programme makers hope she will help tackle the stigma associated with AIDS. Yemisi Ilo, executive producer, said, "Our reality here in Nigeria is that there are hundreds of thousands of AIDS orphans. We want all children, including those with HIV, to be able to relate with the characters." The programme is supported by USAID.

THE WEEK IN NUMBERS

13% Proportion of pregnant women receiving L-arginine plus antioxidant vitamins who developed pre-eclampsia; 30% in the placebo group developed pre-eclampsia (**Research, p 1193**)

6-12 months Time in which tennis elbow usually resolves by itself (**Clinical Review, p 1199**)

80% Approximate proportion of people with mental health problems who are treated in UK primary care (**Practice, p 1203**)

2.2 per 10000 Number of patient years in which giant cell arteritis occurs in the United Kingdom (**Practice, p 1206**)

QUOTE OF THE WEEK

"The pharmaceutical giants and the doctors on their payrolls are poisoning too much of the medical science"

Ray Moynihan on how conflicts of interest damage the evidence base (**Observations, p 1183**)

QUESTION OF THE WEEK

Last week we asked, "Do you feel confident in discussing dying and death with patients?"

66% voted yes (total 247 votes cast)

This week's poll asks, "Has child protection become a form of madness?"

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► Read the Head to head (*BMJ* 2011;342:d3040) and cast your vote

EDITOR'S CHOICE

Not always obvious

All the finalists for the lifetime achievement award had reached the shortlist because of dealing with big picture stuff

The BMJ Group held its 3rd annual award ceremony last week. As Nigel Hawkes describes (p 1180), it was a splendid affair, celebrating work that was variously innovative, caring, intelligent, and brave. A colleague commented afterwards that it was too easy to get cynical about healthcare and the many agendas that people pursue within it: the awards evening, he thought, was a complete contrast—a genuine celebration of good work. I thought so too.

Richard Peto, Oxford epidemiologist, got the lifetime achievement award for, as he said in accepting it, studying the “bleeding obvious”—the big things: smoking, alcohol, hypertension, cholesterol (hear him talk more about this on last week's podcast, <http://podcasts.bmj.com/bmj>). In a way all the finalists for the lifetime achievement award had reached the shortlist because of dealing with big picture stuff (though not always with obvious answers): George Alleyne for his work with HIV and non-communicable diseases in the developing world, and Jack Wennberg for forcing the healthcare community to understand the extent to which supply determines demand (*BMJ* 2011;342:d1062).

Yet most of the time our authors are struggling with the less than obvious—as the research pages this week illustrate. A study by Matejka Rebolj and colleagues from Denmark sought to find out if it was possible to improve the specificity of the hybrid capture 2 test for human papillomavirus DNA, used in cervical screening, without reducing its sensitivity (p 1191). They concluded that raising the cut-off level of the test would substantially improve the test's specificity while maintaining its sensitivity at over 90%. But editorialists Peter Saseni and Alejandra Castanon warn that ignoring results between the

old and the new cut-off values is questionable: they suggest that less intensive management (such as more frequent screening) may be more appropriate than simply concluding that this is a true negative result (p 1159).

And even epidemiologists dealing with common conditions can come unstuck because things aren't obvious. Our obituary this week, of David Sencer, a former head of the Centers for Disease Control in Atlanta, describes how he and his colleagues dealt with an outbreak of a swine flu virus in 1976 at Fort Dix army base in New Jersey (p 1210). The virus resembled the strain that had caused the 1918-19 flu pandemic. Faced with the options of doing nothing; developing a vaccine and stockpiling it so it could be distributed swiftly if necessary; or developing a vaccine and immunising people as fast as they could, Dr Sencer and his colleagues opted for the last approach. No epidemic occurred, but some of those receiving the vaccine developed Guillain-Barré syndrome and over 20 died—all in the middle of a presidential election campaign. At the same time an outbreak of a mystery infection occurred among army veterans and 29 people died; the press complained that it was taking too long to find a cause. CDC staff traced the source to an American Legion convention in Philadelphia and to a new bacterium—*Legionella*, and the new president did the obvious thing for a politician—he sacked Dr Sencer.

Jane Smith, deputy editor, *BMJ*
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Career Focus, jobs, and courses appear after p 1214

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A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.

BMJ.COM: MOST READ

Effect of β blockers in treatment of chronic obstructive pulmonary disease

Effect of supplementation during pregnancy with L-arginine and antioxidant vitamins in medical food on pre-eclampsia in high risk population

Out of joint: the story of the ASR

Who should define disease?

Proton pump inhibitor use and risk of adverse cardiovascular events in aspirin treated patients with first time myocardial infarction



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