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3 Europe is updating rules on medical devices after breast implant fiasco; DNA methylation may be associated with health inequalities

4 Two tests using sigmoidoscopy may be better than one in bowel cancer screening, finds study; Councils face a £500m shortfall in funding social care for older people; Dutch microbiologists are censured for delays in pneumonia outbreak

5 NHS watchdog is failing patients and is unfit for purpose, MPs hear; Doctors can advise "right to die" man without fear of prosecution

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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.

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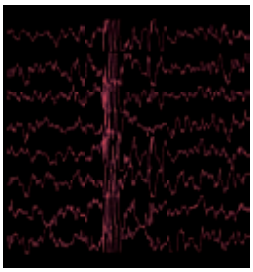

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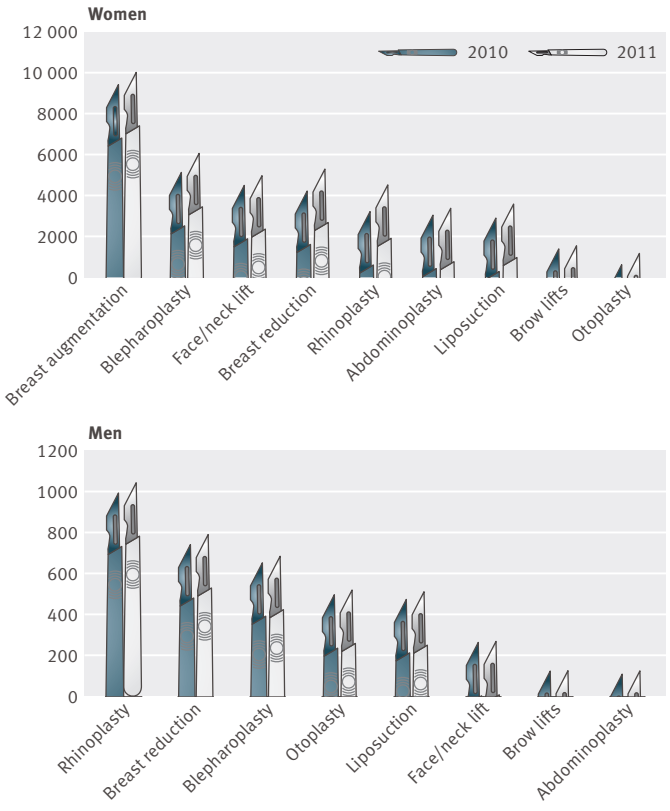

PICTURE OF THE WEEK

Demand for cosmetic surgical procedures in the United Kingdom rose by 6% in 2011 to 43 069, show figures from the British Association of Aesthetic Plastic Surgeons. The biggest rise was in abdominoplasty in men, which showed an increase of 15%, although most procedures (90%) were among women. Breast augmentation was the most popular procedure in women while men most often had rhinoplasty.

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- News: Surgeons' leaders call for ban on cosmetic surgery advertising (*BMJ* 2012;344:e627)
- News: England's health secretary orders three new inquiries into safety of cosmetic surgery and devices (*BMJ* 2012;344:e388)
- News: Government puts pressure on private sector to pay for removal of PIP breast implants (*BMJ* 2012;344:e249)

MOST READ ON BMJ.COM

Consumption of fried foods and risk of coronary heart disease

Determinants of the decline in mortality from acute myocardial infarction in England between 2002 and 2010

Orthopaedic surgeons: as strong as an ox and almost twice as clever?

How much of a social media profile can doctors have?

Timing of onset of cognitive decline

MOST COMMENTED ON BMJ.COM

Does anyone understand the government's plan for the NHS?

Bad medicine: medical nutrition

Timing of onset of cognitive decline

Proposals to increase the motorway speed limit by 10 mph

Benefits and harms of mammography screening

BMJ.COM POLL

Last week we asked, "Does anyone understand why we need the government's plans for the NHS?"

80% voted no (total 761 votes cast)

This week's poll asks, "Should the Health and Social Care Bill for England now be withdrawn?"

Editorials, p 8

QUOTE OF THE WEEK

"The NHS is far too important to be left at the mercy of ideological and incompetent intervention"

Alastair McLellan, editor, *Health Service Journal*; Jenni Middleton, editor, *Nursing Times*; and Fiona Godlee, editor in chief, *BMJ*, on the "divisive and destructive" proposed Health and Social Care Bill

Editorials, p 9

EDITOR'S CHOICE

The NHS is heading down a hole—should we stop digging?

In the absence of united opposition, the bill will pass. For the sake of the NHS—arguably one of this country's greatest achievements—we must hope that the outcome will be better than we fear

A few weeks ago Martin McKee asked "Does anyone understand the government's plan for the NHS?" (*BMJ* 2012;344:e399). McKee had three questions: why were the reforms necessary, what exactly did they consist of, and why were changes happening before the legislation has been passed? Emails he received, as well as rapid responses on bmj.com, suggest that many of you share his confusion. So we invited the architect of the reforms, Secretary of State for Health Andrew Lansley, to explain them. In his reply (p 36) he says the reforms will safeguard the NHS for the future, put patients first, focus efforts on overall results delivered to patients, and empower the public and NHS staff to make local decisions on how services are delivered.

This all sounds reasonable. Why then is there so much anger about the changes? Perhaps because, as I and the editors of the *Health Service Journal* and *Nursing Times* argue in an editorial published in all three journals this week, the resulting upheaval has been unnecessary, poorly conceived, badly communicated, and a dangerous distraction at a time when the NHS is required to make unprecedented savings. The result, we conclude, is an unholy mess, a bloated and opaque piece of legislation, the goals of which could have been achieved by other means.

Lansley disputes this. He says the legislation is essential to establish the NHS's legal obligation to continuously improve quality of care and reduce health inequalities. The bill will give the new clinical commissioning groups the legal right to commission services (p 24), but Lansley says these groups will not be able to delegate their responsibilities or to favour private over public providers. He confirms that the bill will make the NHS "operationally independent" from ministers. In future, he says, "I will not be able to micromanage the daily decisions which should be left to those who are clinically qualified."

The bill is nearing its end stages in the House of Lords, but has it reached the point of no return? Not necessarily, says Kieran Walshe (p 8): if the bill were abandoned now, work on creating the national commissioning board, the health sector regulator Monitor, and the clinical commissioning groups would stop and the transitional structures (the primary care trust clusters and the merged strategic health authorities) would become permanent. These, he argues, would carry on providing healthcare to patients. There are benefits to such a plan, he says. It would end the damaging uncertainty of the past 18 months, it would allow NHS organisations to focus on the urgent challenge of improving efficiency, and it would save about £1bn in set up and running costs.

It's a captivating idea but unlikely to happen. In the absence of united opposition, the bill will pass. For the sake of the NHS—arguably one of this country's greatest achievements—we must hope that the outcome will be better than we fear. But our joint editorial concludes that, ironically, Lansley's one great achievement may be reforms designed and implemented so badly that the next government will find it necessary to overhaul the NHS all over again.

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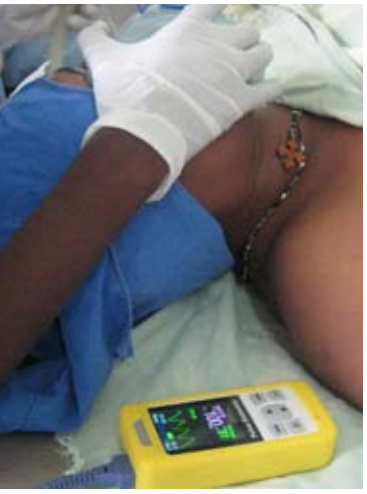
WINTER APPEAL

BMJ readers raise £25 000 for Lifebox



Latest figures reveal that *BMJ* readers have raised £25 022.43 for the charity Lifebox, making this the journal's most successful winter charity campaign to date. Donations are still being counted and a grand total will be available at the end of this month.

During the eight-week appeal, leading clinicians, including Lifebox chair Atul Gawande, have asked readers to donate the whole or part cost of a pulse oximeter, as part of a drive to ensure every operating theatre worldwide is equipped with this vital anaesthetic monitoring device.

Tony Falconer, president of the Royal College of Obstetricians and Gynaecologists, explains in a feature on bmj.com this week how pulse oximetry could make a major contribution to safer obstetric healthcare and to reducing maternal mortality in Africa.

"Caesarean section is probably the most common emergency surgery in Africa with most operations carried out by medical officers either working solo or relying on an assistant with limited medical training. In that situation, it's extremely difficult to monitor the mother's health during anaesthesia without a pulse oximeter that can reliably alert the practitioner with an alarm when something is amiss," he says. "In addition, pulse oximetry can help doctors in low income countries manage critically ill mothers with obstetric problems such as haemorrhage, high blood pressure and sepsis."