



JACQUELINE SHIPLEY/JOHN PAULING/RNHRO, BATH

CLINICAL REVIEW, p 37

NEWS

- 1 Nearly 2000 amendments are not enough to tackle the problems underlying the health bill, says BMA
Single process needed to buy services for older people
- 2 Susceptibility to depression of people with long term illness is not recognised, report says
Training helps GPs provide better deaths for patients
Southall plans to sue GMC for denying him a fair trial
- 3 Fall in suicides among mental health patients is linked to better services
New evidence of worse outcomes for weekend patients reignites call for seven day hospitals
- 4 Drivers in Wales are urged not to smoke in cars carrying children
Charity rates TV shows for junk food adverts
- 5 Imperial Tobacco fails to block ban on displays
"Golden Pill" award remains unfilled for the fourth year running
- 6 120 patients die in Pakistan after taking contaminated drug
Around 1000 women with private sector PIP implants seek NHS help
Europe investigates health risks of faulty implants



Patients admitted to hospital at weekends, p 3

RESEARCH

RESEARCH HIGHLIGHTS

- 13 The pick of *BMJ* research papers this week
- RESEARCH NEWS
- 14 All you need to read in the other general journals
- RESEARCH PAPERS
- 16 Effectiveness of agricultural interventions that aim to improve nutritional status of children: systematic review Edoardo Masset et al
RESEARCH, p 8
 - 17 Effectiveness of multifaceted educational programme to reduce antibiotic dispensing in primary care: practice based randomised controlled trial Christopher C Butler et al
RESEARCH, p 10
 - 18 Antihypertensive drugs and risk of incident gout among patients with hypertension: population based case-control study Hyon K Choi et al
RESEARCH, p 9
 - 19 Influence of experience on performance of individual surgeons in thyroid surgery: prospective cross sectional multicentre study Antoine Duclos et al

COMMENT

EDITORIALS

- 7 The management of the NHS in England
Chris Ham
- 8 Agriculture and health
Andrew Dorward and Alan D Dangour
RESEARCH, p 16
- 9 Antihypertensives in people with gout or asymptomatic hyperuricaemia
Luis M Ruilope
RESEARCH, p 18
- 10 A prescription for improving antibiotic prescribing in primary care
James McCormack and G Michael Allan
RESEARCH, p 17
- 11 Hormone therapy for menopausal symptoms
Helen Roberts
- 12 Urinary incontinence after treatment for prostate cancer
Ruth Doherty and YZ Almallah



Antihypertensives in gout, p 9

FEATURE

- 20 Wendell Potter: Pulling the curtains back on spin
Know your "astroturfing" from your "flogs"? Former US health insurance industry insider Wendell Potter talks to Karen McColl about spin, becoming a whistleblower, and whether the government's latest proposals will rein in the UK lobbying industry

ANALYSIS

- 22 Pragmatic randomised trials using routine electronic health records: putting them to the test
What to prescribe for a patient in general practice when the choice of treatments has a limited evidence base? Tjeerd-Pieter van Staa and colleagues argue that using electronic health records to enter patients into randomised trials of treatments in real time could provide the answer



Articles appearing in this print journal have already been published on bmj.com, and the version in print may have been shortened. bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on bmj.com.

Please cite all articles by year, volume, and locator (rather than page number), eg *BMJ* 2012; 344:d286.

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.

100% recycled

The *BMJ* is printed on 100% recycled paper (except the cover)



The regulation of quacks, p 34

COMMENT

LETTERS

- 26 Birthplace and outcomes
- 27 What evidence for telehealth?; Nicotine replacement; Mobile phones: unhelpful apps
- 28 NHS reforms
- 29 Martin McKee replies to Andrew Lansley

OBSERVATIONS

ON THE CONTRARY

- 30 Migrant healthcare: public health versus politics
Tony Delamothe

MEDICINE AND THE MEDIA

- 31 Would you like your telomeres tested?
Margaret McCartney

VIEWS AND REVIEWS



PERSONAL VIEW

- 32 Expatriate surgeons have advanced orthopaedics in Africa
Richard Brueton

REVIEW OF THE WEEK

- 33 The Oxford Handbook of the History of Medicine, edited by Mark Jackson
Helen Bynum

BETWEEN THE LINES

- 34 Leave the quacks alone
Theodore Dalrymple

MEDICAL CLASSICS

The National Health: a Radical Perspective, by David Widgery
Robin Walsh

OBITUARIES

- 35 Donald Jeffries, and others

LAST WORDS

- 51 Continuity is never out of fashion
Des Spence
- Extreme measures: the history of breast cancer surgery
Wendy Moore

EDUCATION

CLINICAL REVIEW

- 37 Diagnosis and management of Raynaud's phenomenon
Beth Goundry et al



PRACTICE

RATIONAL TESTING

- 43 Raised inflammatory markers
Jessica Watson et al

10-MINUTE CONSULTATION

- 46 Reviewing a patient with coeliac disease
James W Berrill et al

LESSON OF THE WEEK

- 47 Cholestasis secondary to anabolic steroid use in young men
Ahmed M Elsharkawy et al

ENDGAMES

- 50 Quiz page for doctors in training

MINERVA

- 52 A broken heart, and other stories

When was your last update?

BMJ Masterclasses

masterclasses.bmj.com



11 February 2012 Vol 344

The Editor, *BMJ*BMA House, Tavistock Square,
London WC1H 9JR

Email: editor@bmj.com

Tel: +44 (0)20 7387 4410

Fax: +44 (0)20 7383 6418

BMA MEMBERS' INQUIRIES

Email: membership@bma.org.uk

Tel: +44 (0)20 7383 6642

BMJ CAREERS ADVERTISING

Email: sales@bmjcareers.com

Tel: +44 (0)20 7383 6531

DISPLAY ADVERTISING

Email: sales@bmjgroup.com

Tel: +44 (0)20 7383 6386

REPRINTS

UK/Rest of world

Email: ngurneyrandall@bmjgroup.com

Tel: +44 (0)20 8445 5825

USA

Email: mfogler@medicalreprints.com

Tel: +1 (856) 489 4446

SUBSCRIPTIONS

BMA Members

Email: membership@bma.org.uk

Tel: +44 (0)20 7383 6642

Non-BMA Members

Email: support@bmjgroup.com

Tel: +44 (0)20 7383 6270

OTHER RESOURCES

For all other contacts:
resources.bmj.com/bmj/contact-us

For advice to authors:

resources.bmj.com/bmj/authors

To submit an article:

submit.bmj.com

The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

The BMA grants editorial freedom to the Editor of the *BMJ*. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The *BMJ* follows guidelines on editorial independence produced by the World Association of Medical Editors (www.wame.org/wamestmt.htm#independence) and the code on good publication practice produced by the Committee on Publication Ethics (www.publicationethics.org.uk/guidelines/).The *BMJ* is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement.To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the *BMJ* or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.©BMJ Publishing Group Ltd 2012
All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the *BMJ*Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to *BMJ*, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796.

Weekly

Printed by Polestar Limited



CHRIS PARK PHOTOGRAPHY

PICTURE OF THE WEEK

The eagle eyed will notice that the birds in this artwork, *First Do No Harm*, are sculpted from the pages of the *BMJ*. This new work by the Scottish artist and doctor Hazel Vellacott is being exhibited at Edinburgh's Royal Scottish Academy until 1 March 2012. See www.hazelvellacott.com and www.royalscottishacademy.org.

MOST READ ON BMJ.COM

Use of proton pump inhibitors and risk of hip fracture in relation to dietary and lifestyle factors: a prospective cohort study

Consumption of fried foods and risk of coronary heart disease: Spanish cohort of the European Prospective Investigation into Cancer and Nutrition study

Lansley's NHS "reforms"

Orthopaedic surgeons: as strong as an ox and almost twice as clever? Multicentre prospective comparative study

Determinants of the decline in mortality from acute myocardial infarction in England between 2002 and 2010: linked national database study

MOST COMMENTED ON BMJ.COM

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

Bad medicine: medical nutrition

Wakefield sues *BMJ* over MMR articles

Why legislation is necessary for my health reforms

Scientific misconduct is worryingly prevalent in the UK, shows *BMJ* survey

BMJ.COM POLL

Last week we asked, "Should the Health and Social Care Bill now be withdrawn?"

92% voted yes (total 2950 votes cast)

This week's poll asks, "Is providing hospital services seven days a week worth the extra cost?"

► bmj.com 2012;344:e892

RESPONSE OF THE WEEK

"This week Mr Lansley argued his reforms did not amount to privatisation of the NHS. It is important to be clear, however, that it is not just the privatisation but the extensive marketisation mandated by his reforms that threatens to destroy the NHS as we know it"

Danny McLernon-Billows, medical student, Peninsula Medical School, Plymouth, UK, in response to "The NHS is heading down a hole—should we stop digging?"

► bmj.com *BMJ* 2012;344:e805

EDITOR'S CHOICE

A commitment to protect health and save lives

The news from Syria is hard to bear. President Assad was once a doctor ... should not all UK and international medical bodies publicly condemn the behaviour of this man who once committed himself to protect health and save life?

At what age are surgeons safest? In France, according to Antoine Duclos and colleagues, it's between 35 and 50 years old (p 19). The authors looked prospectively at thyroid operations performed in five high volume centres and found an increased risk of permanent complications when operations were done by less experienced surgeons and those in practice for more than 20 years. This finding has a certain face validity, but the authors recommend caution in interpreting their results. They looked at only one type of operation and used a cross sectional study design. Future research might follow a cohort of surgeons to see how performance changes during a surgeon's career, they say. Supervision in the early years is an obvious response, but what should surgeons do when they reach 50?

Surgical skill comes up elsewhere this week. Ruth Doherty and Zaki Almallah ask how urinary function after prostatectomy could be improved (p 12). As many as one in five men who have radical prostatectomy will need to use absorbent pads in the long term, which can be especially devastating for younger patients. The advice patients receive before and after their operation is often inadequate, say the authors.

From their editorial it seems that options are improving. For severe incontinence the UK's National Institute for Health and Clinical Excellence recommends artificial sphincters. These can be inserted in men with the mental and manual dexterity to operate them, although the insertion procedure is delicate and outcomes are therefore particularly

dependent on surgical skill. Suburethral slings are less invasive, but as with many new surgical devices we don't yet know enough about long term outcomes. In the absence of consensus about who should be offered which procedure, the authors recommend early referral to centres capable of both.

Skill of a different sort is needed when negotiating with patients over whether their non-serious illness requires antibiotics. Christopher Butler and colleagues have designed an educational programme for clinicians aimed at reducing antibiotic prescribing. Their randomised controlled trial found that the programme reduced prescriptions and did not increase hospital admissions or consultations (p 17). But as James McCormack and G Michael Allan caution, the study was too small to show whether the intervention affected patient outcomes (p 10).

The news from Syria is hard to bear. President Assad was once a doctor, and did some of his training in the UK as an ophthalmologist at Moorfields Hospital in London. Futile though such a gesture may be, should not all UK and international medical bodies publicly condemn the behaviour of this man who once committed himself to protect health and save life?

**Fiona Godlee, editor, *BMJ*
fgodlee@bmj.com**

Cite this as: *BMJ* 2012;344:e971

► To receive Editor's Choice by email each week, visit bmj.com/cgi/customalert

Twitter

► Follow the editor, Fiona Godlee, at twitter.com/fgodlee and the *BMJ*'s latest at twitter.com/bmj_latest

How free healthcare became mired in corruption and murder in a key Indian state

Feature online this week at bmj.com

The deaths of three medical officers in India's most populous state have taken the sheen off an ambitious attempt to bring free healthcare to the country's poorest citizens. Patralekha Chatterjee reports from Uttar Pradesh on how the organised looting of government funds has crippled the National Rural Health Mission in this state. As new, startling, facts come out in the media almost every day, it seems much of the 10 000 crore rupees (£1.3bn, €1.5bn, \$2bn) allotted to Uttar Pradesh under the initiative was siphoned away by the current and previous state government and did not reach or benefit the people for whom it was intended. Uttar Pradesh

has a population of 200 million, around 16% of the country's total. Given its size and its higher than average mortality and morbidity rates (infant mortality is 63/100 000 births, compared with a country average of 50, and maternal mortality ratio 359 v 2121), the state is key to the achievement of India's health goals as well as the millennium development goals. The corruption was already under investigation by India's Central Bureau of Investigation when one of the state's chief medical officers was killed in broad daylight, along with another CMO just six months later outside his house (doi:10.1136/bmj.d453).



SNAMIT DAS/PANOS