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Too much  
information and  
not enough time?

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## PICTURE OF THE WEEK

The formal identification this week of skeletal remains unearthed in a Leicester car park as those of King Richard III has reignited discussion over his disabilities, which have long fascinated medical historians, including in the pages of the *BMJ* ("Physical deformity of Richard III" (*BMJ* 1977;2:1650-2). Examination of the remains confirmed the existence of scoliosis, which led to his "hunchbacked" reputation, but showed no indication of the withered arm mentioned by Shakespeare.

## RESPONSE OF THE WEEK

An unknown affecting prostate cancer treatment decisions for younger patients is knowledge of the range of timescales for the disease to evolve. Molecular-clock techniques have recently determined timescales for the development of pancreatic cancer (*Nature* 2010;467:114). Is application of these techniques not a 'future research need' for prostate cancer?

William Tobin, retired university lecturer, Vannes, France, in response to "Prostate cancer screening and the management of clinically localized disease" (*BMJ* 2013;346:f325)

## MOST SHARED

Drug-grapefruit juice interactions

How science is going sour on sugar

Science souring on sugar

Benefits of cancer screening take years to appreciate

Case can proceed against doctor who discussed patient's details on train, say judges

## BMJ.COM POLL

Last week's poll asked:

"Would you encourage your patients to have prostate specific antigen testing?"

**54%** voted no  
(total 961 votes cast)

▶ *BMJ* 2012;346:f325

This week's poll asks:

"Will the Francis report lead to improvements in patient care?"

▶ [Vote now on bmj.com](http://vote.now.on.bmj.com)



## EDITOR'S CHOICE

## A winter of discontent

**“The horrors of Stafford Hospital were failures of clinical care—but these were the symptoms . . . of a serious underlying illness”**

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“The disconnect between the drug industry's proclamations—of the ‘highest ethical standards,’ of ‘following . . . all legal requirements,’ and providing ‘most accurate information available regarding prescription medicines’—and the reality of the conduct of big pharma is vast.” So says Peter C Gøtzsche, director of the Nordic Cochrane Centre, in his Personal View article this week (p 26). His is an outspoken attack on drug company malfeasance, which he identifies as illegal marketing (the subject of a recent feature by Ed Silverman (*BMJ* 2013;346:f320)), misrepresentation of research results, hiding data on harms, and—in the United States—Medicare and Medicaid fraud. Gøtzsche says, “As the crimes were widespread and repetitive, they are probably committed deliberately—because crime pays.” And indeed the sums that he says are involved are staggering, as are the consequences of the crimes, “including the unnecessary deaths of thousands of people and many billions in losses for our national economies.”

Moreover, says Gøtzsche, “doctors are often complicit in these crimes, as kickbacks and other forms of corruption were common; they were induced to use expensive drugs and paid to lend their names to ghostwritten articles to show that a drug works for unapproved conditions.”

The *BMJ* has a strong track record of exposing and reporting on pharma's dirty tricks. And when it has been merited we have also recognised the enormous good that drug companies have done and continue to do. Initiatives such as Regulation 658/2007 in the European Union—which empowers the EU Commission to impose fines on firms that violate EU legislation on medicines—and US Sunshine Act legislation—requiring

drug companies to declare all payments and hospitality they give to doctors—may seem to herald a bright new day. But Gøtzsche's argument suggests that the skies are still dark, as does a linked editorial by Courtney Davis and John Abraham (p 7).

Gøtzsche calls for tougher sanctions, including fines so large “that companies risk going bankrupt,” but Davis and Abraham fear that “courts might be reluctant to impose penalties that would threaten the survival of companies.”

What is clear from Davis and Abraham's editorial is a belief that unethical and corrupt behaviour is “endemic” in the drug industry. “Individual instances of corporate malfeasance are indicative of wider systemic problems,” they say.

The idea of a culture gone horribly wrong also emerges in the picture Heather Wood paints of Mid Staffordshire NHS Foundation Trust, the subject of the long awaited Francis report, which was published this week. Wood, who was lead investigator and author of the Health Commission report into Mid Staffs in 2009, writes in her Observations column (p 25): “The horrors of Stafford Hospital were failures of clinical care—but these were the symptoms, albeit deeply distressing, of a serious underlying illness. And that deep rooted pathology is the stranglehold that managers, many apparently devoid of an ethical code and certainly without a regulatory body, have on the NHS.”

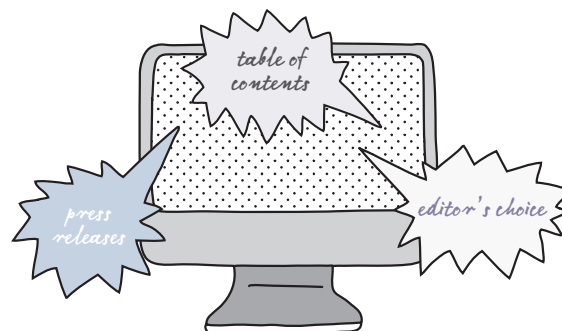
The Francis report was published too late for the *BMJ* to include detailed coverage of its recommendations in this week's print issue, but you will find it all on [bmj.com](http://bmj.com).

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