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PICTURE OF THE WEEK

A Japanese government initiative to encourage people to use stairs instead of escalators or lifts at railway stations. The stairs are marked to show how many calories are burned for each step taken.

RESPONSE OF THE WEEK

Those who have fought hard to establish race relations legislation in this country would be horrified that the medical establishment is still empowering acts of overt racism. The Race Relations Act 1976 (as amended) does not provide any exceptions, particularly in relation to acts of direct racial discrimination, thus it is astonishing that a clinical director (with or without legal advice) sought to circumvent the race legislature on the basis of 'clinical need.' Such a decision not only suggests complicity but also callous disregard of BME [black and minority ethnic] colleagues.

Jay llangaratne, founder, www.medical-journals.com, East Yorkshire, UK, in response to "Allowing patients to choose the ethnicity of attending doctors is institutional racism" (*BMJ* 2014;348:g265)

MOST READ

2013 was a horrible year for nursing—nurses are “burnt out,” says chief
 The survival time of chocolates on hospital wards: covert observational study
 Bad medicine: gabapentin and pregabalin
 Allowing patients to choose the ethnicity of attending doctors is institutional racism
 Neuropathic pain: mechanisms and their clinical implications

BMJ.COM POLL

Last week's poll asked: "Have you witnessed institutional racism in your hospital or practice?"

57% voted yes (total 718 votes cast)

▶ *BMJ* 2014;348:g265

This week's poll asks:

"Do national databases of patient information threaten privacy?"

▶ *BMJ* 2014;348:g1374

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EDITOR'S CHOICE

To dream the impossible dream

The prevalence of smoking in England has fallen below 20% for the first time in 80 years. Can we start dreaming of zero prevalence yet?

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Ciggies, booze, with a serving of breast cancer on the side—again. Sometimes the *BMJ*'s weekly offering can seem as boring and predictable as the menu of one of those pubs that didn't survive the downturn. Yet, we make no apologies. Taken together, these three account for an enormous amount of suffering.

Tobacco's status as the captain of the men of death remains secure. Smoking killed about 100 million people in the 20th century and remains the leading cause of preventable death and early mortality in the UK. Yet a letter from Jamie Brown and Robert West brings grounds for quiet hope: the prevalence of smoking in England has fallen below 20% for the first time in 80 years (p 22). Last year the rate of decline quickened over its 40 year average. Can we start dreaming of zero prevalence yet?

Such an idea seemed deranged a few years ago, but it has begun to capture the imagination of the tobacco control movement, as Ruth Malone and colleagues describe (p 25). "Endgame discourse centres on the idea that it is essential to extend our planning beyond a focus on tobacco control . . . towards planning a tobacco-free future." Surveys done in a range of countries identify surprisingly high levels of public support for moves towards zero prevalence, they say.

Banning smoking in vehicles in which there are children enjoys support from about 80% of the UK population. And earlier this week MPs huffed and puffed their way towards agreeing an amendment to the Children and Families Bill that would allow a new law (p 5). Reassuringly, the MPs' register of interests revealed no relation between Big Tobacco and even the most vociferous of the amendment's opponents.

How laws get made, or don't get made, seems far murkier for alcohol. Earlier this year we published an investigation by Jonathan Gornall into how the alcohol industry successfully lobbied the government against the introduction of a minimum unit price for alcohol (*BMJ* 2014;348:f7646). (You can read the industry's response to his charges on page 22.)

Central to the debate was work done by the Sheffield Alcohol Research Group on whether the minimum price proposal would target high risk drinkers, as intended. When a Home Office minister announced the shelving of action because of a lack of concrete evidence, he had in his possession an earlier version of the analyses published in full by the *Lancet* this week. As Jacqui Wise reports (p 4), Sheffield's modelling study showed that a minimum unit price would produce the greatest behavioural change in harmful drinkers, with minimal effects on moderate drinkers, regardless of income.

Far more difficult are decisions over the diagnosis and treatment of breast cancer. In a Canadian randomised screening trial, annual mammography detected a significant number of small non-palpable breast cancers but had no effect on breast cancer mortality (pp 8, 12). And in a retrospective analysis, women with BRCA associated breast cancer treated with bilateral mastectomy were much less likely to die of breast cancer within 20 years than women treated with unilateral mastectomy (p 13).

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