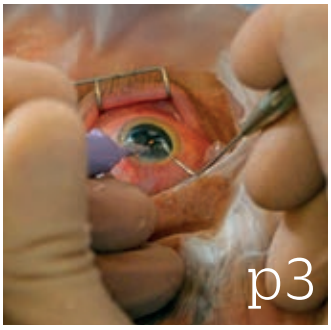
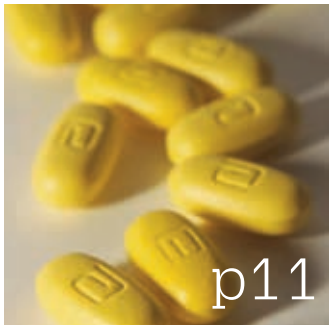
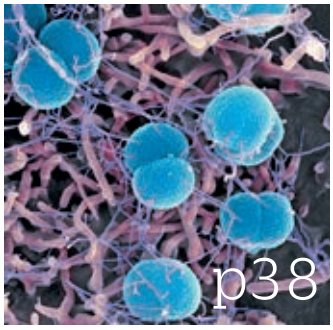
THIS WEEK

Articles appearing in this print journal have already been published on thebmj.com, and the print version may have been shortened

This is a double issue. Our next issue will be published on 6 September







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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

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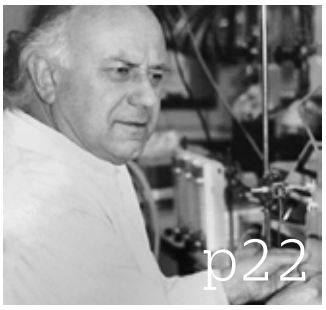
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thebmj.com

The BMJ website is fully responsive, which means that its pages automatically fit the different screen sizes of desktop and laptop computers, tablet devices, and smartphones.

The new design is also less cluttered, which should mean that browsing is easier and pages load faster, with more prominent links to *The BMJ*'s campaigns, investigations, and advice for authors.

thebmj

23-30 August 2014 Vol 349

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JOHN MOORE/GETTY IMAGES

PICTURE OF THE WEEK

A girl is carried from an Ebola isolation centre in Monrovia, Liberia, as a mob, many claiming that the epidemic is a hoax, loots the facility. Seventeen infected patients fled, along with nurses. The patients were later transferred to another clinic.

RESPONSE OF THE WEEK

The blessing of the current situation is that large resources are channelled towards the treatment and containment of Ebola.

The curse of the current situation is that serious attention to Ebola is only forthcoming when citizens of Western countries are at risk. The current resources are not provided to reduce the humanitarian suffering of West African citizens (a welcome side effect) but to contain the disease spreading to affluent OECD countries. Moreover today's international control of the Ebola epidemic imposes "Western" norms, values, and rules on the West African nations. The urgency may warrant such imposition yet in the process one may lose the heart and mind of West Africans whose indigenous norms, values, and rules have been discarded.

While applauding every progress made in Ebola disease control, I plead for retrospection on the low emphasis on primary healthcare, the few resources for neglected tropical disease, and respect for indigenous norms and values in healthcare provision.

E Kajwahula-Lucassen, health economist, Schubertlaan, Netherlands, in response to, "Ebola outbreak is a public health emergency of international concern, WHO warns" (*BMJ* 2014;349:g5089)

MOST READ

- Mass treatment with statins
- Dabigatran: how the drug company withheld important analyses
- Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer
- Festive medical myths
- The fight is on: military metaphors for cancer may harm patients

THEBMJ.COM POLL

Last week's poll asked:

Should patients with Ebola have the chance to try experimental drugs?

95% voted yes

(total 338 votes cast)

- Feature: *BMJ* 2014;349:g4997
- News: *BMJ* 2014;349:g5103

This week's poll asks:

Should universities offer part time undergraduate degrees in medicine?

- News: *BMJ* 2014;349:g4897
- **Vote now on thebmj.com**

EDITOR'S CHOICE

Mental health: a worthwhile goal

In the aftermath of war people with mental illness are often accorded the lowest priority

When the United Nations comes to choose its new set of sustainable development goals, it should be sure to include mental health, argue Graham Thornicroft and Vikram Patel in *The BMJ* this week (p 5). They set out a range of reasons for why the case is compelling. First is that "poorer mental health is a precursor to reduced resilience to conflict." Not only that, but conflict is itself a risk factor for adverse mental health, they add, and in the aftermath of war people with mental illness are often accorded the lowest priority. At a time when some of the most seemingly intractable conflicts continue to wreck and destroy lives Thornicroft and Patel's call is particularly pertinent.

As doctors from southern Israel and Gaza, Mark Clarfield (p 12) and Izzeldin Abuelaish (p 13) must surely recognise the importance of Thornicroft and Patel's argument. While Clarfield, an Israeli geriatrician, and Abuelaish, a Palestinian associate professor of global health, come from opposite sides of the political divide, they reflect on the common ground they share through medicine. Clarfield writes: "We must make peace. I will talk to my people. Please: I implore you to talk to yours. Our patients need us to do so. Let us never forgot that we are both doctors." Abuelaish, three of whose children were killed by shellfire in 2009, replies: "We must find a way to stop the bloodshed, and as doctors we have a voice."

If Clarfield and Abuelaish do get the peace that they and the world wish for, declaring mental health one of the new sustainable development goals might help further. Thornicroft and Patel argue that improving mental health systems will also "have a decisive role in making cities and human settlements inclusive, safe, resilient, and sustainable, and this is especially important given the global trend towards urbanisation with its associated risk factors for mental illness."

But to improve health systems, planners need to estimate future healthcare needs, and this, according to John Appleby's latest Data Briefing (p 14), depends on successful population projections. But these are difficult to get right, he says, and several past projections have greatly underestimated total population numbers. The reason for this, says Appleby, is that it has proved hard to predict how births, deaths, and migration will change. "What is particularly striking is how consistently wrong projections of deaths have been—and all in the same direction, overestimating the number of deaths." In other words, we (in the West at least) are living longer.

Population projections underpin not only estimates of future healthcare needs, as Appleby points out, but also government spending and tax revenues, housing demand, and transport needs. But where and how we live and travel are also relevant to our health. Anthony A Laverty and Christopher Millett discuss this in their editorial (p 7), which is linked to a research paper that found that those who walked or cycled to work had a lower body mass index and a lower body fat percentage than those using private transport (p 10). Laverty and Millett's message for health professionals is to tell patients to "leave your car at home."

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Cite this as: *BMJ* 2014;349:g5249

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CHRISTMAS ISSUE 2014 CLOSING DATE

The deadline for submissions for this year's Christmas issue is 15 September

Go to http://submit.bmj.com for more details about online sunbmission. And remember to mention in your covering letter that your article is intended for the Christmas issue (it's not always obvious). No spoofs, please.