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PICTURE OF THE WEEK



HARPO PRODUCTIONS/AP/EMPHICS

Talk show host Oprah Winfrey, right, undergoes an HIV test in front of students at the Oprah Winfrey Leadership Academy at Henley on Klip, South Africa. All 152 girls at the newly opened school will be given free AIDS testing and counselling. In 2006, an estimated 950 people died every day from AIDS related diseases in South Africa.

THE WEEK IN NUMBERS

1200 Shortfall in GPs by 2010, predicted by the UK government in leaked report (News p 61)

18 months Time it took a 30-strong committee to conclude that weight and height need to be measured to work out if children are overweight (Observations p 71)

350 x 10⁶ per litre New higher recommended CD4 cell threshold for starting antiretrovirals in patients with HIV (Analysis p 76)

700 000 Annual cases of preventable cancer in Europe (News p 62)

10% Cut-off for primary school children bright enough to join the UK national gifted and talented register (From the front line p 98)

THE WEEK IN QUOTES

“We need to make public institutions as responsive to citizens as the best private companies are to their customers.” (Feature p 69)

“What is special about Muslims or Hindus or Christians that they need special services?” (Head to head p 75)

“Routine incident reporting systems may significantly under-report patient safety incidents, particularly those resulting in harm” (Research p 81)

“I’m covering the ward today: I always get the crap jobs” (Personal view p 97)

“State oppression, constraints of autonomy, and the resulting abuse and exploitation of marginalised women are the real moral issues” (Editorial p 52)

“One criticism is that if students don’t cut up dead bodies they won’t understand death.” (News p 64)



ON THE COVER

Should Muslims have faith based health services? Aziz Sheikh says yes, while Aneez Esmail says no.

COVER IMAGE: MARTIN NORRIS/ALAMY
See page 74

EDITOR'S CHOICE

Routine reporting

UK health care is suffering from what Will Hutton calls the “delivery paradox” (p 69). Although standards of care are improving, public satisfaction is falling. This is important, says Hutton, because public dissatisfaction threatens support for the universal public delivery of health care, which is fundamental to the NHS.

What's to be done? Hutton's solution won't suit everyone. It's called distributive democracy and goes completely counter to the current tide in the UK towards ever greater centralisation (despite the government's rhetoric of decentralisation). Hutton argues that general elections and party democracy can't respond to users' needs at a local level or on a day to day basis. Instead he advocates making our public institutions as responsive to citizens as the best private companies are to their customers. Health care should, he says, follow the BBC's lead in applying a “public value” test for everything it does. Clinical judgments about best value won't always coincide with public preferences—the furores over Herceptin and treatments for Alzheimer's disease demonstrated that. But Hutton argues that these tensions exist anyway and are better confronted in open debate.

I hope Brown and Cameron are listening. One or other of them will be in charge quite soon, and this sounds better than the current way of doing things, even if the practicalities have yet to be worked out. A draft report says that a further 37 000 jobs will go in the NHS in the next two years in an attempt to stem the financial crisis (p 61). Cuts on this scale and at this pace cannot possibly respond to strategic or local need. Nor can it be good for patient safety. Katherine Teale reports a crisis of care on the wards caused by lack of trained staff and continuity of care (p 97).

Sadly, money spent on trying to improve patient safety by encouraging people to report potentially harmful incidents may have been wasted. Sari and colleagues (p 79) found that routine incident reporting performed poorly compared with case note review. Time constraints and fear of shame, blame, or litigation are likely contributors, they say. Charles Vincent (p 51) urges greater clarity about the purpose of voluntary reporting. It must be to learn from mistakes and can tell us nothing about how often mistakes occur.

The *BMJ*'s routine reporting system suffers from the same flaws. It can't tell us how many readers approve of the new look *BMJ* and how many don't, but it is giving us a fair idea. And the verdict (via rapid responses and emails direct to the *BMJ*'s offices) has been overwhelmingly positive. Many readers have told us that they read more of the first new issue than they had ever done before, which is what we had hoped for. Even Richard Lehman, who was less than complimentary about the last redesign, expresses modified rapture in his journal blog (<http://blogs.bmj.com/category/comment/medical-journals-review>). (You might also like to read about his “Nightmare on NEJM Street” in this week's *BMJ* (p 73)). We haven't pleased everyone. Some readers preferred it the way it was, especially those who still hanker after the old blue cover with the contents on it. I have to say, though, that the *BMJ* won't be returning to that any time soon. But please keep the feedback coming.

Fiona Godlee
editor (fgodlee@bmj.com)

Articles appearing in this print journal are likely to have been shortened. To see the full version of articles go to bmj.com.

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PLUS

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Tips on conducting a multisite videoconference

We don't need subconsultants in the NHS

Fifteen minutes with an expert on eating disorders



What's your top medical breakthrough since 1840?
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Suggested by our readers, choose from: Antibiotics, Anaesthesia, Computers, Chlorpromazine, DNA Structure, Evidence Based Medicine, Germ Theory, Imaging, Immunology, Oral Rehydration Therapy, The Pill, Risks of Smoking, Sanitation, Tissue Culture, Vaccines

Read about the 15 nominations on bmj.com to help you make your decision.

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The winning Medical Milestone will be announced on 18 January 2007