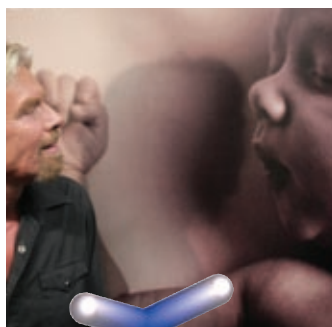
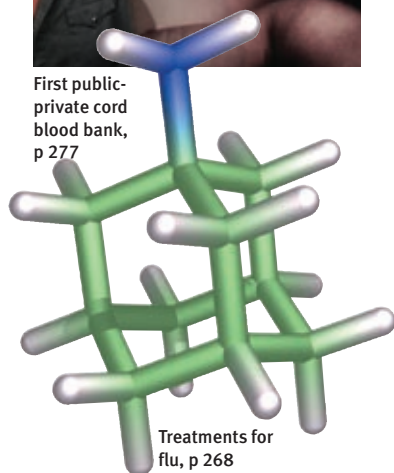


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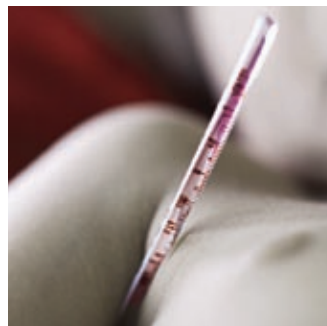




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at Rahway, NJ. Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$640. Weekly
Printed by Precision Colour Printing Limited

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PICTURE OF THE WEEK

An Indonesian boy in a flooded alley in Jakarta, where downpours have made more than 340 000 people homeless

Call for papers: If you would like your original research article to be considered for the *BMJ*'s October 2007 theme issue on poverty, human development, and health, please send it to our online editorial office at <http://submit.bmj.com> by Monday 14 May. Our resources for authors on bmj.com and our recent editorial (2007;334:4-5) should answer your questions about submitting research to the *BMJ*. For specific advice on possible submissions for this theme issue, please email Trish Groves (tgroves@bmj.com).

THE WEEK IN NUMBERS

16 hours Annual time US television viewers might spend watching advertisements for prescription drugs (News p 279)

60 Cigarettes smoked a day by EU health commissioner, Markos Kyprianou, before he stopped (News p 276)

25% Proportion of the UK population that could be treated by government stockpiles of oseltamivir (Tamiflu) (Editorial p 268)

194 353 Legal abortions performed in England and Wales in 2005, up from 54 819 in 1969 (Feature p 285)

4.25 million Doses of radiation to treat cancer delivered a year in the UK (Editorial p 272)

THE WEEK IN QUOTES

"Febrile seizures recur in a third of children and are associated with low risk of epilepsy" (Clinical review p 307)

"Although animal research informs clinical research, its circumstances and goals differ" (Letter p 274)

"Trust might be fostered in [prisoners] by seemingly trivial gestures that indicate respect" (Research p 303)



"Are the late great works of Verdi, Matisse, and Bellow the works of 'elderly' artists?" (Personal view p 316)

"Even if you put a searchlight up your bottom you probably wouldn't absorb too much oxygen" (Media watch p 292)



ON THE COVER

The new battle over abortion

See Feature, p 285

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(MIDDLE), IAN HOOTON/SPL

PLUS

In this week's BMJ careersCompetency crisis facing
the NHS

Confabulating house officer

Medical marriages—are
they good or bad?

ALERT course

Fifteen minute interview
with Gunther von Hagens

EDITOR'S CHOICE

Bird flu and transparency

Last week's outbreak of H5N1 avian flu in turkeys in England brings the threat of pandemic flu psychologically if not actually closer to western Europe. And although WHO and others are rightly playing down the risks of a pandemic, they are also rightly preparing for one. But what are the right local and global priorities?

Clinical guidance is the easy bit. New guidelines published in the *BMJ*'s sister journal *Thorax* and summarised in a *BMJ* editorial this week (p 268) advise rapid diagnosis, prompt administration of antivirals, and readiness to give antibiotics if symptoms worsen.

Far harder will be to prepare—psychologically and actually—for making these clinical decisions within what are euphemistically termed “limited resources.” As our editorialists say, this will require triage and difficult ethical decisions. The UK has established a committee on ethical aspects of pandemic influenza (CEAPI), which should soon be offering its own guidance.

And what about prevention? In addition to antivirals, the Suffolk poultry workers are being offered seasonal flu vaccine (p 276). This is so that, even in the highly unlikely event that they were infected with H5N1, the virus would not mix with seasonal flu virus and acquire the ability to pass easily from human to human. Such a mixing is, of course, most likely to happen in Asia, where far more people are in close contact with birds. Enlightened self interest—or as Michael T Osterholm put it when addressing the world's flu experts in America last week, “saving our own tails” (doi: 10.1136/bmj.39118.367523.DB)—suggests we should be doing more than stockpiling marginally effective antivirals for our own use. As proposed in the *BMJ* last year (2006;332:786), for its own sake the rich world should help poor nations in Asia to strengthen their health systems so they can respond to this and other threats to health.

And if stockpiling does make sense, are we right to plump solely for oseltamivir? In this week's *BMJ* Sotiris Tsiodras and colleagues say no (p 293). They ask how much the exclusive preference for oseltamivir is due to the lack of incentive for drug companies to evaluate the older and cheaper amantidine. We have previously reported on the role of opinion leaders paid by industry to promote oseltamivir as the single global choice (*BMJ* 2005;331:127).

This seems to underline again the importance of transparency about where opinion comes from. As its contribution the *BMJ* is introducing, in addition to conflict of interest statements, new statements of “provenance and peer review” for opinion and comment articles in the journal (see <http://resources.bmj.com/bmj/authors/editorial-policies/transparency-policy>). The statements describe whether an article was commissioned by us or sent in unsolicited by the authors, and whether or not it was externally peer reviewed. We will roll them out across the journal over the next few weeks, starting this week in editorials. Usually they will be brief but occasionally they will tell a story, as with this week's editorial on drug treatments for neovascular acute macular degeneration (p 269). The idea for this came after one of the authors was invited but declined to write an editorial for Pfizer about its vascular endothelial growth factor inhibitor drug. Are you glad to have been told this?

Fiona Godlee editor (fgodlee@bmj.com)

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